#### Attachment A-Section I

#### REQUIRED GRANTEE INFORMATION and CERTIFICATIONS

Purpose: The Ohio Department of Job and Family Services (ODJFS) requires the following information on applicants who submit proposals or applications in response to any ODJFS Requests for Grant Applications (RFGAs), in order to facilitate the development of the grant with the selected applicant. ODJFS reserves the right to reject your application if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) must be provided in order for ODJFS to accept and consider your application. Failure to provide such required information will result in your application's immediate disqualification.

Instructions: Provide the following information regarding the applicant organization submitting the application. Applicants may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their applications. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the applicant. Applicants are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

**IMPORTANT:** If the RFGA specified a maximum page limit for applicant proposals, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will <u>NOT</u> be counted against that page limit.

Applicants must provide all information

| 1. ODJFS RFGA #:  | 2. Application Due Date:  |  |  |
|---|---|--|--|
| JFSR1617178105  | November 17, 2015   |  |  |
| 3. Name: (legal name of the grantee – person or organizatio   |   |  |  |
| Women's Care Center   |   |  |  |
| http://ohiosharedservices.ohio.gov/Vendors.aspx. The neces  | (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: ssary forms to be completed and remitted to Ohio Shared Services are the W-9. Completion and/or submission of these forms to Ohio Shared ODJFS contract/grant.]   |  |  |
| TBD   |   |  |  |
| 4. Grantee Corporate Address:   | 5. Grantee Remittance Address: (or "same" if same as Item # 4)  |  |  |
| 935 E. Broad Street, Columbus, Ohio 43205   | same  |  |  |
| 6. Print or type information on the grantee representative  | c/contact person <u>authorized to answer questions on the application</u> :   |  |  |
|   |   |  |  |
| Grantee Representative NAME and TITLE: Ann M.   | Jones, Outreach Director  |  |  |
| Grantee Representative NAME and TITLE: Ann M.   | Jones, Outreach Director  E-Mail Address: mamajones@live.com  |  |  |
|   |   |  |  |
| Address:<br>935 E. Broad Street   | E-Mail Address: mamajones@live.com  |  |  |
| Address:  935 E. Broad Street Columbus, Ohio 43205  7. Print or type the name of the grantee representative are execute a contract on behalf of the vendor, and to whom   | E-Mail Address: mamajones@live.com  Phone #: 614-251-0200  Fax #: 614-251-0202  uthorized to address contractual issues, including the authority to legal notices regarding contract termination or breach, should be   |  |  |
| Address:  935 E. Broad Street Columbus, Ohio 43205  7. Print or type the name of the grantee representative are execute a contract on behalf of the vendor, and to whom   | E-Mail Address: mamajones@live.com  Phone #: 614-251-0200  Fax #: 614-251-0202  uthorized to address contractual issues, including the authority to legal notices regarding contract termination or breach, should be   |  |  |
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|  | ment as an oppo   | tunity open exclusiv  | a copy of current certification to proposal\bid. (IF ely to Ohio Certified MBEs, then failure to attach a  |
|--|---|---|--|
| contracts under specific federal or Oh                             | with/make purc<br>io statutes or reg<br>LIGIBLE by sig    | ulations. Organizationing each of the thre                        | nizations that have been found to be ineligible for state<br>ons responding to any ODJFS RFGA opportunity<br>e statements below. Failure to provide proper<br>diffication of your application.                               |
| women's Care Center<br>proposed for debarment, declared i          | _ (name of the v<br>neligible, or vol<br>tited States Dep | endor shown in Item<br>untarily excluded f<br>artment of Health   | in Item # 7, above) hereby certify and affirm that # 3, above), has not been debarred, suspended, rom participation in transactions by the United and Human Services, or any other federal 76, or other applicable statutes. |
| Momen's care center  | _ (name of the v<br>ORC Section                           | epresentative shown<br>endor shown in Item<br>121.23, which ident | in Item #7, above) hereby certify and affirm that #3, above), is not on the list established by the ifies persons and businesses with more than one  |
| Women's care center  | _ (name of the v<br>or has taken ap                       | endor shown in Item<br>propriate remedial                         | in Item #7, above) hereby certify and affirm that #3, above), either is not subject to a finding for steps required under that statute, or otherwise nio.  |
| 10. Equal Employment Opportunity A. Provide vendor employee data b |   |   | any Sub-grantee(s)<br>), and Ohio office employees separately:   |
|  | Nationwide  | Ohio Offices  |  |
| Total Number of Employees:   | 124   | 16  |  |
|  | 96%   | 100%  |  |
| % of those who are Women:  |   |   |  |
| % of those who are Minorities:                                     | 19%   | 0%  |  |
| B. If you are the selected vendor,                                 | will you subcor   | tract any part of th  | ne work?   |
| IX NO -or- ☐ YES, but for less to                                  | nan 50% of the  | work -or- 🗆 YES, i  | or 50% or more of the work   |
| If yes, provide the following infor                                | mation on each  | subcontractor (addit  | onal pages may be added as needed):  |
| Subcontractor Name:  |   |   |  |
| Address:   |   |   |  |
| Work To Be   |   |   |  |
| Performed:   |   |   |  |
| (a brief description)  |   |   |  |
| Subcontractor's Estimated Perc                                     | entage of Total   | Project (in % of w  | ork, not % of dollars):  |
| If 50% or more of the work will ALL proposed sub-grantees:         | be subcontrac   | ted, then ALSO pro  | vide the following information on  |
|  | Nationwide  | Ohio Offices  |  |
| Total Number of Employees:   |   |   |  |
| % of those who are Women:  |   |   |  |
| % of those who are Minorities:                                     |   |   |  |

| C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:  |
|---|
| Total number of grants:0_   |
| For each state grant, list the state agency and provide the following information:  |
| State Agency/Educational Institution: Grant Dollar Amount:  |
| State Agency/Educational Institution;   |
| Grant Dollar Amount:  |
| State Agency/Educational Institution: Grant Dollar Amount:  |
| Attach additional pages if needed   |
| 11. Grantee Ethics Certification  |
| As a grantee receiving grants from the State of Ohio, I certify on behalf of  Women's Care Center (name of vendor or grantee):  |
| (1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.  (2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.  Signature of authorized agent  Date   |
| 12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not X (or) I will request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)   |
| 13. I, (grantee representative in Item # 7) hereby affirm that this   |
| proposal accurately represents the capabilities and qualifications of  Women's Care Center (grantee's name), and I hereby affirm that the cost(s) bid to  |
| ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)   |
| 14. Location of Business Declaration: Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT. |

#### Attachment A -Section II.

#### **Location of Business Form**

Pursuant to Governor's Executive Order 2011-12K (<a href="www.governor.ohio.gov">www.governor.ohio.gov</a>), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

| 1. Principal location of business of Grantee:   | 1-1-1- 04 1/2-  |
|---|---|
| (Address) 935 E. Broad Street   | Columbus, Ohio 4320 (City, State, Zip)                                |
|   |   |
| Name/Principal location of business of sub-gra  | rantee(s):  |
| none  | (1) (1) (1) (1) (1)   |
| (Name)  | (Address, City, State, Zip)   |
| (Name)  | (Address, City, State, Zip)   |
| 2. Location where services will be performed by 935 E. Broad Street 3273 E. main Street | Grantee: Columbus, Ohio 43205 Columbus, Ohio 43213 (City, State, Zip) |
| 1273 E. main Street   | Columbus, onio 43213  |
| (Address)   | (City, State, Zip)  |
| Name/Location where services will be perform  | med by sub-grantee(s):  |
| (Name)  | (Address, City, State, Zip)   |
| (Name)  | (Address, City, State, Zip)   |
| 3. Location where state data will be stored, access 935 E. Broad St.                    | ssed, tested, maintained or backed-up, by Grantee:                    |
| (Address)   | (Address, City, State, Zip)   |
| Name/Location(s) where state data will be stor grantee(s):                              | red, accessed, tested, maintained or backed-up by sub-                |
| none  |   |
| (Name)  | (Address, City, State, Zip)   |
| (Name)  | (Address, City, State, Zip)   |
| (Name)  | (Address City State Zin)  |

| none / not appr<br>(Address)   | (Address, City, State, Zip)  |
|--|--|
| Name/Location(s) where service   | es will be changed or shifted to be performed by sub-grantee(s):   |
| hone   |  |
| (Name)   | (Address, City, State, Zip)  |
| (Name)   | (Address, City, State, Zip)  |
| (Name)   | (Address, City, State, Zip)  |
| gning below, I hereby certify and affirm   | that I have reviewed, understand, and will abide by the Governor's E   |
| 2011-12K. I attest that no funds provided<br>ses provided outside the United States or to<br>ded outside the United States. I will prompt  | d by ODJFS for this grant or any other agreement will be used to percentage the contract with a sub-grantee(s) who will use the funds to purchase the notify ODJFS if there is a change in the location where any of the signing this on behalf of a company, business, or organization,   |
| r 2011-12K. I attest that no funds provided<br>ses provided outside the United States or to<br>ded outside the United States. I will prompt<br>ing to this project will be performed. If I a   | d by ODJFS for this grant or any other agreement will be used to perform contract with a sub-grantee(s) who will use the funds to purchase the notify ODJFS if there is a change in the location where any of the am signing this on behalf of a company, business, or organization, this certification on behalf of that entity.  |
| r 2011-12K. I attest that no funds provided<br>ses provided outside the United States or to<br>ded outside the United States. I will prompt<br>ing to this project will be performed. If I a   | d by ODJFS for this grant or any other agreement will be used to percentage the contract with a sub-grantee(s) who will use the funds to purchase the notify ODJFS if there is a change in the location where any of the signing this on behalf of a company, business, or organization,   |
| r 2011-12K. I attest that no funds provided ces provided outside the United States or to ded outside the United States. I will prompting to this project will be performed. If I a bwledge that I have the authority to make the true. | d by ODJFS for this grant or any other agreement will be used to perform the contract with a sub-grantee(s) who will use the funds to purchase the notify ODJFS if there is a change in the location where any of the am signing this on behalf of a company, business, or organization, this certification on behalf of that entity.    Mayendly   14.2015   Date   Da |
| r 2011-12K. I attest that no funds provided ces provided outside the United States or to ded outside the United States. I will prompt to this project will be performed. If I a pwledge that I have the authority to make the          | d by ODJFS for this grant or any other agreement will be used to perform the contract with a sub-grantee(s) who will use the funds to purchase the notify ODJFS if there is a change in the location where any of the am signing this on behalf of a company, business, or organization, this certification on behalf of that entity.  **Mathematical Company**  **Advantage of the company**  **Advantage o |
| r 2011-12K. I attest that no funds provided ces provided outside the United States or to ded outside the United States. I will prompting to this project will be performed. If I a bwledge that I have the authority to make the true. | d by ODJFS for this grant or any other agreement will be used to perform the contract with a sub-grantee(s) who will use the funds to purchase the notify ODJFS if there is a change in the location where any of the am signing this on behalf of a company, business, or organization, this certification on behalf of that entity.    Mayendly   14.2015   Date   Da |

City, State, Zip

Printed name of individual authorized

to sign on behalf of entity

#### 3.11. Program Assurances

Please affirm that the following statements and true and accurate. Affix the appropriate signature where indicated. The application will not be considered complete without the required signature and shall be disqualified from consideration.

#### We the undersigned assure that our organization:

- 1. Primary purpose is to promote childbirth, rather than abortion, through counseling and other services, including parenting and adoption support (3.1 C.).
- 2. Will provide services to pregnant women and parents or other relatives caring for children twelve months of age and younger, including clothing, counseling, diapers, food, furniture, health care, parenting classes, postpartum recovery, shelter and any other supportive services, programs or related outreach (3.1 D.).
- 3. Will not charge pregnant women and parents or other relatives caring for children twelve months of age or younger a fee for any services received (3.1 E.).
- 4. Is not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising (3.1 F.).
- 5. Will not discriminate in its provision of services on the basis of race, religion, color, age, marital status, national origin, disability, or gender (3.1 G.).
- 6. Will only sub-contract or sub-grant services to entities that are; private, not-for-profit organizations; physically and financially separate from any entity, or component of an entity, that engages in abortion activities; and not involved in, or associated with, any abortion activities including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising (3.1 H.).
- 7. Will comply with the requirement of 5101.804 of the Ohio Revised Code.

| Organization Name:        | Women's | Care  | Centi | <u>r</u> |
|---------------------------|---------|-------|-------|----------|
| Printed Name of Director/ | CEO:A   | nn ma | nion  |          |
| ann 7                     | nanion  | non   | ember | 14.2015  |
| Signature                 |         | Da    |       |          |

## OHIO PARENTING AND PREGNANCY PROGRAM GRANT APPLICATION

#### RFGA # JFSR1617178105

#### **Issued By**

Office of Contracts and Acquisitions
The Ohio Department of Job and Family Services
30 East Broad Street, 31<sup>st</sup> Floor
Columbus, Ohio 43215

### **Presenting Applicant**

Women's Care Center 935 E. Broad Street Columbus, Ohio 43205

Submitted: November 17, 2015

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#### Attachment A—Section I

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|--|--|--|--|--|
| JFSR1617178105   | November 17, 2015  |  |  |  |
| 3. Name: (legal name of the grantee – person or organization                   | - to whom grant payments would be made)  |  |  |  |
| Women's Care Center  |  |  |  |  |
| Transcrib Care Corner  | (OAKO) IDII IV 1 1 1 C OAKO 1 IDII 1   |  |  |  |
|  | (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: ary forms to be completed and remitted to Ohio Shared Services are the |  |  |  |
|  | V-9. Completion and/or submission of these forms to Ohio Shared  |  |  |  |
| Services does not assume a vendor/applicant award of any OI                    | *  |  |  |  |
| assume a vender/approant award of any of                                       | Sort S continued granting  |  |  |  |
| TBD  |  |  |  |  |
| 4. Grantee Corporate Address:  | 5. Grantee Remittance Address: (or "same" if same as Item # 4)   |  |  |  |
| OOF F Drood Chroat Columbus Obis 40005   |  |  |  |  |
| 935 E. Broad Street, Columbus, Ohio 43205                                      | same   |  |  |  |
| 6. Print or type information on the grantee representative/                    | contact person authorized to answer questions on the application:  |  |  |  |
| •  | -  |  |  |  |
| Grantee Representative NAME and TITLE: Ann M. Jo                               | ones, Outreach Director  |  |  |  |
| Address:   | E-Mail Address: mamajones@live.com   |  |  |  |
| 935 E. Broad Street  | 71 (4.4.054.0000   |  |  |  |
| Columbus, Ohio 43205   | Phone #: 614-251-0200  |  |  |  |
|  | Fax #: 614-251-0202  |  |  |  |
|  |  |  |  |  |
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| execute a contract on behalf of the vendor, and to whom le                     | egal notices regarding contract termination or breach, should be   |  |  |  |
| <b><u>sent</u></b> (if not the same individual as in #6, provide the following | g information on each such representative and specify their function):   |  |  |  |
| Cuantas Danussantativa NAME and TITLE: Ann Man                                 | ion Dropidont  |  |  |  |
| Grantee Representative NAME and TITLE: Ann Manion, President                   |  |  |  |  |
| Address:   | E-Mail Address:  |  |  |  |
| 935 E. Broad Street  |  |  |  |  |
| Columbus, Ohio 43205   | Phone #: 614-251-0200  |  |  |  |
|  | Fax #: 614-251-0202  |  |  |  |

|  | nent as an opport  | unity open exclusive                          | copy of current certification to proposal\bid. ( <u>IF</u> ly to Ohio Certified MBEs, then failure to attach a  |
|--|--|---|---|
| contracts under specific federal or Ohi                                    | with/make purch<br>o statutes or regu<br>LIGIBLE by sign | llations. Organization ing each of the three  | izations that have been found to be ineligible for state as responding to any ODJFS RFGA opportunity statements below. Failure to provide proper ification of your application. |
| I  | (signature of rep  | presentative shown ir                         | Item # 7, above) hereby certify and affirm that   |
|  | neligible, or volu<br>ited States Depa                   | intarily excluded fro<br>artment of Health ai | # 3, above), has not been debarred, suspended, om participation in transactions by the United and Human Services, or any other federal 6, or other applicable statutes.         |
| I  |  |   | n Item #7, above) hereby certify and affirm that  |
| Ohio Constant of State and the   |  |   | # 3, above), is not on the list established by the  |
| unfair labor practice contempt of co                                       |  |   | ies persons and businesses with more than one   |
| umum moor pructice contempt of co  | and                  | AND   |   |
| I  |  |   | n Item #7, above) hereby certify and affirm that  |
|  |  |   | # 3, above), either is not subject to a finding for   |
| qualifies under that section to enter                                      |  | -   | teps required under that statute, or otherwise o.   |
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| % of those who are Minorities:   | 19%_   | 0%  |   |
| B. If you are the selected vendor,   | will you subcon  | tract any part of the                         | e work?   |
| X NO -or- □ YES, but for less the  | nan 50% of the v   | work -or- 🗆 YES, fo                           | r 50% or more of the work   |
| If yes, provide the following infor  | mation on each s   | ubcontractor (additio                         | onal pages may be added as needed):   |
| Subcontractor Name:Address:  |  |   |   |
| Work To Be   |  |   |   |
| Performed:   |  |   |   |
| (a brief description)  |  |   |   |
| Subcontractor's Estimated Perc   | entage of Total  | Project (in % of wo                           | ork, not % of dollars):   |
| If 50% or more of the work will ALL proposed sub-grantees:                 | be subcontracte  | ed, then ALSO prov                            | ide the following information on  |
|  | Nationwide   | Ohio Offices                                  |   |
| Total Number of Employees:   |  |   |   |
| % of those who are Women:  |  |   |   |
| % of those who are Minorities:   |  |   |   |

| C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:  |
|---|
| Total number of grants:0  |
| For each state grant, list the state agency and provide the following information:  |
| State Agency/Educational Institution: Grant Dollar Amount:  |
| State Agency/Educational Institution: Grant Dollar Amount:  |
| State Agency/Educational Institution: Grant Dollar Amount:  |
| Attach additional pages if needed   |
| 11. Grantee Ethics Certification  |
| As a grantee receiving grants from the State of Ohio, I certify on behalf of  Women's Care Center (name of vendor or grantee):  |
| <ul><li>(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.</li><li>(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.</li></ul>   |
| Signature of authorized agent Date  |
| 12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not X (or) I will request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)   |
| 13. I   |
| Women's Care Center (grantee's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)   |
| 14. Location of Business Declaration: Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT. |

#### Attachment A —Section II.

#### **Location of Business Form**

Pursuant to Governor's Executive Order 2011-12K (<a href="www.governor.ohio.gov">www.governor.ohio.gov</a>), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

| 1. Principal location of business of C       | Grantee:  |
|--|---|
| (Address)                                    | (City, State, Zip)  |
| Name/Principal location of busine            | ess of sub-grantee(s):  |
| (Name)                                       | (Address, City, State, Zip)   |
| (Name)                                       | (Address, City, State, Zip)   |
| 2. Location where services will be positive. | erformed by Grantee:  |
| (Address)                                    | (City, State, Zip)  |
| Name/Location where services wi              | ill be performed by sub-grantee(s):                                 |
| (Name)                                       | (Address, City, State, Zip)   |
| (Name)                                       | (Address, City, State, Zip)   |
| 3. Location where state data will be         | stored, accessed, tested, maintained or backed-up, by Grantee:      |
| (Address)                                    | (Address, City, State, Zip)   |
| Name/Location(s) where state dat grantee(s): | a will be stored, accessed, tested, maintained or backed-up by sub- |
| (Name)                                       | (Address, City, State, Zip)   |
| (Name)                                       | (Address, City, State, Zip)   |
| (Name)                                       | (Address, City, State, Zip)   |

| (Address)   | (Address, City, State, Zip)  |
|---|--|
| Name/Location(s) where serv   | vices will be changed or shifted to be performed by sub-grantee(s):  |
| (Name)  | (Address, City, State, Zip)  |
| (Name)  | (Address, City, State, Zip)  |
| (Name)  | (Address, City, State, Zip)  |
| 2011-12K. I attest that no funds provides provided outside the United States of doutside the United States. I will prom   | m that I have reviewed, understand, and will abide by the Governor's Ended by ODJFS for this grant or any other agreement will be used to per to contract with a sub-grantee(s) who will use the funds to purchase apply notify ODJFS if there is a change in the location where any of the I am signing this on behalf of a company, business, or organization, I   |
| 2011-12K. I attest that no funds provides provided outside the United States of doutside the United States. I will prome to this project will be performed. If  | led by ODJFS for this grant or any other agreement will be used to per to contract with a sub-grantee(s) who will use the funds to purchase  |
| 2011-12K. I attest that no funds provides provided outside the United States of doutside the United States. I will prome to this project will be performed. If  | ded by ODJFS for this grant or any other agreement will be used to p<br>to contract with a sub-grantee(s) who will use the funds to purchase a<br>aptly notify ODJFS if there is a change in the location where any of the<br>I am signing this on behalf of a company, business, or organization, I   |
| 2011-12K. I attest that no funds provided sprovided outside the United States of doutside the United States. I will prome to this project will be performed. If the ledge that I have the authority to make                   | ded by ODJFS for this grant or any other agreement will be used to per to contract with a sub-grantee(s) who will use the funds to purchase apply notify ODJFS if there is a change in the location where any of the I am signing this on behalf of a company, business, or organization, let this certification on behalf of that entity.                           |
| 2011-12K. I attest that no funds provides provided outside the United States of doutside the United States. I will prome to this project will be performed. If reledge that I have the authority to make                      | ded by ODJFS for this grant or any other agreement will be used to per to contract with a sub-grantee(s) who will use the funds to purchase apply notify ODJFS if there is a change in the location where any of the I am signing this on behalf of a company, business, or organization, be this certification on behalf of that entity.  Date                      |
| 2011-12K. I attest that no funds provides provided outside the United States of doutside the United States. I will prome to this project will be performed. If eledge that I have the authority to make the men's Care Center | ded by ODJFS for this grant or any other agreement will be used to per to contract with a sub-grantee(s) who will use the funds to purchase apply notify ODJFS if there is a change in the location where any of the I am signing this on behalf of a company, business, or organization, be this certification on behalf of that entity.  Date  935 E. Broad Street |

# Ohio Parenting and Pregnancy Program Grant <u>APPENDIX A TECHNICAL</u> <u>APPLICATION</u>

<u>Instructions:</u> Applicants are to fully complete this application and submit it with any additional required documents to be officially deemed the applicant's submitted response. Applicants may replicate this application in order to provide necessary responses; however, no application text may be altered or the applicant may risk disqualification.

## **Application Cover Page**

| Organization Name:                        | Women's Care Center   |
|---|---|
| Organization Address:                     | 935 E. Broad Street 3273 E. Main Street Columbus, Ohio 43205 and Columbus, Ohio 43213 |
| Point of Contact:                         | Ann M. Jones  |
| Telephone Number:                         | 614-251-0200  |
| Fax Number:                               | 614-251-0200  |
| E-mail Address:                           | mamajones@live.com  |
| Federal Tax Id Number:                    | 35-1609945  |
| OAKS Vendor ID:                           |   |
| DUNS Number:                              | #042123495 (Broad St. location) and #960679087 (Main Street location)                 |
| Director/CEO:                             | Ann Manion  |
| Name of Signature Authority:              | Ann Manion  |
| Title of Signature Authority:             | President   |
| E-mail Address<br>of Signature Authority: | annmanion13@gmail.com   |
|   |   |



Internal Revenue Service

Date: June 9, 2003

Women's Care Center, Inc. 201 Lincolnway W. Mishawaka, IN 46544 Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

John Kennedy ID 31-07297 Customer Service Representative

Toll Free Telephone Number: 8:00 a.m. to 6:30 p.m. EST 877-829-5500

Fax Number:

513-263-3756

Federal Identification Number: 35-1609945

Dear Sir or Madam:

This is in response to your request of June 9, 2003, regarding your organization's tax exempt status.

Our records indicate that a determination letter issued in November 1984, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Women's Care Center, Inc. 35-1609945

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE Customer Account Services

# Appendix A Technical Application

## 3.1B Locations/ Addresses

## **Women's Care Center has two locations:**

Women's Care Center 935 E. Broad Street Columbus, Ohio 43205

And

Women's Care Center 3273 E. Main Street Columbus, Ohio 43213

#### 3.1 | Program Assurances

Please affirm that the following statements and true and accurate. Affix the appropriate signature where indicated. The application will not be considered complete without the required signature and shall be disqualified from consideration.

#### We the undersigned assure that our organization:

- 1. Primary purpose is to promote childbirth, rather than abortion, through counseling and other services, including parenting and adoption support (3.1 C.).
- 2. Will provide services to pregnant women and parents or other relatives caring for children twelve months of age and younger, including clothing, counseling, diapers, food, furniture, health care, parenting classes, postpartum recovery, shelter and any other supportive services, programs or related outreach (3.1 D.).
- 3. Will not charge pregnant women and parents or other relatives caring for children twelve months of age or younger a fee for any services received (3.1 E.).
- 4. Is not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising (3.1 F.).
- 5. Will not discriminate in its provision of services on the basis of race, religion, color, age, marital status, national origin, disability, or gender (3.1 G.).
- 6. Will only sub-contract or sub-grant services to entities that are; private, not-for-profit organizations; physically and financially separate from any entity, or component of an entity, that engages in abortion activities; and not involved in, or associated with, any abortion activities including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising (3.1 H.).
- 7. Will comply with the requirement of 5101.804 of the Ohio Revised Code.

| Organization Name:            |      |  |
|-------------------------------|------|--|
|                               |      |  |
| Printed Name of Director/CEO: |      |  |
|                               |      |  |
| Signature                     | Date |  |

#### 3.2 Organizational Experience and Capabilities

Primary purpose, indicators of effectiveness, and the outcomes achieved within the last 5 years for promoting childbirth, parenting education, and alternative to abortion (3.2 A.).

Serving over 250,000 women since inception in 1984, the fundamental mission of Women's Care Center aligns perfectly with the goals of the Ohio Parenting and Pregnancy Program. The center was established by a young professor from the University of Notre Dame who was concerned that although there were resources in the area to help a woman terminate her pregnancy, there were no resources to support her in carrying her baby to term. Women's Care Center's vision and mission remain unchanged since our founding.

Our vision: Every woman feels empowered to choose life and has the support she needs to experience a healthy pregnancy, be a nurturing parent, and become self-sufficient. Our mission: to provide knowledgeable, empathetic, non-judgmental, comprehensive, skilled and sustained care and education in an environment of welcome, safety and peace.

Because of the strength of the model, Women's Care Center has grown to serve 22,000 women annually from 23 locations in 7 states. Our two Columbus, OH (Franklin County) centers were established in 2008. Since we opened, Franklin County has seen a 37% decrease in the number of abortions performed here (a 26% greater decline than the decline for the rest of the state).

In Columbus alone, Women's Care Center served 2,867 women last year. Women generally come to our centers for confirmation of pregnancy or a free 1<sup>st</sup> trimester ultrasound. Sixty-six percent of those served tested positive for pregnancy (1,895 pregnant clients last year). The Columbus centers also performed 1,432 ultrasounds. Based on data from the Ohio Department of Health, we estimate we are now serving 1 in 12 new mothers in Franklin County.

Women served by Women's Care Center are at highest risk for poor pregnancy outcomes. In Columbus, 74% of those served are single, 19% have not completed high school, 39% are unemployed, with over 90% qualifying for Medicaid. An ethnically diverse clientele, 60% are African-American, 23% are Caucasian and the remainder are Hispanic, Asian and other races.

Although women served are highly at risk, over 89% of those making two visits (for counseling and an ultrasound) choose life for their babies. For those making 4 or more visits, 93% choose life. But our support does not end when a woman makes a choice for life. The center also offers classes and education to help young women have healthy pregnancies and become better parents.

In Indiana and Michigan, Women's Care Center is funded by "Real Alternatives", a similar program to the Ohio Parenting and Pregnancy Program. The Indiana program was a pilot. Because of its success in serving 8,452 pregnant and parenting women (nearly all (>95%) our clients), the Indiana program is being taken statewide and the funding is being tripled.

We are confident that if given the chance, we can replicate this success in Ohio, at our centers in Columbus. Franklin County has more births than any other county in Ohio. We now serve 1 in 12 new moms in Franklin County, more than any other pregnancy resource center. Together, we can help more pregnant women choose life for their babies, have healthy pregnancies and

become better parents.

Describe your organization's length and depth of experience providing services in the following areas (minimum of 2 years in each) (3.2 B.):

- a. <u>Family planning</u> For those testing negative for pregnancy, Women's Care Center offers family planning counseling (based in abstinence) and has for 32 years (since inception). We help clients understand their bodies, birth control and the risks of non-monogamous sex. The focus of this program is in no way moralizing, rather we give clients tools and strategies to assess their current relationships and explore their long-term personal goals. In this way we assist a young woman in creating a plan that will help her achieve her goals.
- b. <u>Abortion prevention services and childbirth promotion</u> is the core our mission and has been provided for 32 years (since inception). We offer pregnant clients supportive options counseling and ultrasounds to determine viability and dates all provided in an environment of unconditional positive regard. We encourage women to explore all their options and provide many supportive follow-up services if they choose parenting or adoption. Our centers never recommend or refer for abortion. Women come to our centers very early in pregnancy at a point when intervention can be most efficacious.

The vast majority of our clients choose life for their babies.

- c. <u>Parenting education/development</u> Women who are pregnant and opt to parent are invited to participate in parenting classes and one-on-one education. One-on-one education has been offered for 32 years since inception, with classes initiated in 1998 to accommodate greater participation. In these programs, we help women understand pregnancy, take steps to improve their nutrition, stop smoking and get treatment for their addictions. We help women understand childbirth, learn to breastfeed and care for a baby (including safe sleep practices). We also provide education about a child's stages of development and how to nurture and positive guide/discipline children. We distribute free children's books to all families/children who frequent our centers.
- d. <u>Adoption assistance</u> Pregnant clients are invited to learn about adoption. We help women understand adoption and help them assess if it is a positive choice for them. We have provided this assistance for 32 years. If a woman chooses adoption, we provide her with referrals to agencies that handle adoptions. We continue to provide birth mothers with education and support before and after pregnancy. In Indiana, where we have 14 similar centers, we have been advised that we are the #1 provider of adoption referrals in that state. Together with your support, we can be #1 in Ohio as well.

#### 3.3 Key Staff Experience and Capabilities

Profiles and resumes must easily identify how the applicant's assigned key staff meet the required experience and capabilities for this program. Profiles and resumes must also be included for all persons proposed for key positions.

#### 3.3 A. Program Lead

Rachel Oberlin MSW, LSW will be assigned **Program Lead**. Oberlin received a Social Work and Psychology Bachelor's degree from Cornerstone University as well as a Master of Social Work from Western Michigan University. Rachel Oberlin is a Licensed Social Worker in the State of Ohio and resides in the state of Ohio. Oberlin's professional experience includes almost 10 years as a Social Worker, and three of those years supporting clients in areas of family planning, abortion preventive services, childbirth promotion, parenting education and development and adoption assistance at the Women's Care Center.

Ms. Oberlin developed the local resource manual for the Women's Care Center, and has training in Crisis Intervention and Compassionate Care. Her education, professional experience, initiative and proven leadership throughout her career will make her extremely effective as a Program Lead for the Ohio Parenting and Pregnancy Program.

#### 3.3 B. Program Outcome Manager

Rachel Oberlin MSW, LSW will be assigned **Program Outcome Manager**. Oberlin received a Social Work and Psychology Bachelor's degree from Cornerstone University as well as a Master of Social Work from Western Michigan University. Rachel Oberlin is a Licensed Social Worker in the State of Ohio and resides in the state of Ohio. Ms. Oberlin's professional experience includes almost 10 years as a Social Worker, and three of those years supporting clients in areas of family planning, abortion preventive services, childbirth promotion, parenting education and development and adoption assistance at the Women's Care Center.

Rachel Oberlin's professional experience makes her very capable to assume the role of Program Outcome Manager. She is prepared to successfully manage proposed planned uses of funding, to ensure that it is being successfully accomplished, to ensure accurate reporting of participant activity, and to provide other needed data in monthly reporting as requested by the ODJFS.

#### 3.3 C. Fiscal Specialist

Stephen Freddoso will be assigned **Fiscal Specialist**. Stephen Freddoso has a Bachelor of Arts in Philosophy from the University of Notre Dame, where he graduated Magna cum Laude and was on the Dean's List for 7 semesters. He was awarded the Oesterle Award for Excellence in Philosophy in 2009. Mr. Freddoso is currently pursuing a Masters in Business Administration (in progress) from Indiana University South Bend, and his projected date of graduation is July 2016.

Stephen Freddoso currently serves as the Business Manager for Women's Care Center, Inc. His capabilities include overseeing accounts payable and accounting functions for 19 branches in

four states. He produces financial reports for the president as well as Board of Directors. His duties include payroll and human resource functions. His vast professional experience prepares him to take the role as Fiscal Specialist, where he will successfully manage all monthly invoices, ensure adherence to fiscal policies and procedures and the ability to prepare any additional reports as needed.

#### 3.3 D. Case Worker

Karen McGirty MSW, LSW will be assigned as our **Case Worker**. Karen McGirty received a Bachelor of Science degree in Human Ecology as well as a Master of Social Work from The Ohio State University. Karen's genuine concern for children and families is demonstrated by years of both professional and volunteer work, and specifically 12 years of experience working in areas of family planning and other family services that promote parenting, two parent families and family intervention services. She has a deep understanding of complex family dynamics and has training and experience in both conflict resolution and crisis management. She currently is a counselor at Women's Care Center where she works with individuals and families. Karen adds value with her many years of additional experience as an Adoption Placement Specialist, Treatment Coordinator, and Licensing Specialist/Adoption Assessor for both foster and adoptive parents, as well as served as a Case Worker for child protection cases. Karen will be very capable to take on the responsibility for coordinating care, resources and services for individual or family participants that will provide services to promote childbirth and parenting as our assigned **Case Worker**.

#### 3.3 E. Additional Support Staff

Since 1988, Ann Manion CPA, has served as <u>Volunteer President</u> of Women's Care Center, the nation's largest pregnancy resource center. She was also a founding board member of Hannah's House, a maternity home for pregnant teenagers, which was jointly founded by St. Joseph Hospital of Mishawaka, Indiana and Women's Care Center in 1993. Ann was a member of the second class to gain entrance to the University of Notre Dame graduating cum laude with a bachelor's degree in business administration. She was a senior manager with Price Waterhouse from 1977 to 1988. As president, Ann Manion oversees new initiatives and projects. She writes proposals, fundraising letters and newsletters, and she assists with the development effort. Finally, she provides a sounding board for issues that come up from the counseling directors.

Ellen Sommer, MS has been the <u>Director of Counseling</u> at the Women's Care Center for 21 years. Ellen has a Master of Science in Education from Indiana University and is a licensed Clinical Addictions Counselor by the Behavioral Health and Human Services Licensing board. She also holds certification as Addictions and Drug Abuse Consultant, Level II by the International Certification and Reciprocity Consortium.

Kim Kurth and Molly Nester serve as <u>Co-Directors of counseling</u> in Ohio, and are counselors at Women's Care Center. Each has a Bachelor's degree in Education. Additionally, there are 10 highly skilled counselors. Three of our counselors are <u>registered nurses</u>, and one is a <u>LPN</u> – these four women handle ultrasounds in addition to their counseling duties.

Our current <u>counseling staff</u> collectively has just over 48 years of counseling experience at the Women's Care Center.

Kathleen Arnett RN
Kathryn Beiter RN
Susan Gernetzke
Cheryl Harmon RN
Holly Loberg
Mary Manion
Karen McGirty MSW
Rachel Oberlin MSW
Ursula Sarko
Kim Wills LPN

We attribute the success of our program to our unique counseling model. Our counselors are highly trained with at least a bachelor's level education and a minimum introductory training of 200 hours. Unlike most other pregnancy centers, all of our counselors are paid and work a minimum of 16 hours weekly. Having paid professionals allows longer hours of operation and consistent follow-up with clients.

On-going continuing education is required for all counseling staff. Training, oversight and program review are provided by master's level counselors.

Judith Madden, M.S is our <u>Director of Parenting Curriculum</u>, and <u>Parenting Class Director</u>. Judy Madden, M.S, an adjunct professor of early childhood development at Holy Cross College and senior counselor for the A.C.E. program at the University of Notre Dame oversees curricula development for the organization as a whole. Ms. Madden received a Bachelor's in Counseling from the University of Southern California and a Master in Psychological Counseling from the University of Notre Dame. Jill Hunsberger, a certified "Parents as Teachers" educator who has spent over 25 years as a primary grade classroom teacher, assists with program development. (Curriculum examples available in Appendix C).

Terry Borchlewicz, RN serves as our Parenting class coordinator for Ohio, and manages our parenting class efforts in Columbus. Ms. Borchlewicz currently manages 18 volunteer instructors for the parenting series, which collectively offer a wide variety of professional skills and experiences. Our instructor team includes: one MD, eight RN's, three Educators, two Social Workers, one Dental Hygienist, one Physical Therapist and three Registered Dieticians.

*Currently we have parenting classes 4 days per week:* 

Tuesdays – Infant / Toddler Series

Wednesdays – *Teen Series* 

Thursdays- Expectant Parent Series

Saturdays – *Various Topics for All* 

#### Professional Experience

#### 2013-Current Kinder Women's Care Center - Social Worker

Case-managed young teen mothers, educated and made community referrals as needed, developed the local resource manual for the center, and facilitated crises calls.

#### 2009–2012 Westminster-Thurber Community - Discharge Planner/Social Worker

Case manage skilled patients, conduct patient care plan meetings, meet with patient and families to complete admission paperwork, develop relationships with vendors, medical equipment companies, and home health agencies in the community, complete various assessments (PHQ-9, geriatric depression screen, MMSE, clock draw, and slums), facilitated discharges for rehab patients, make referrals to passport and senior options, facilitate admissions from the hospital and complete initial pre-certification for insurance.

#### 2008–2009 Kinder Women's Care Center - Social Worker

Case-managed young teen mothers, educated and made community referrals as needed, developed the local resource manual for the center, and facilitated crises calls.

#### 2006–2008 Woodlands at Hampton Woods - Director of Social Services

Case-managed LTC residents, case managed skilled patients, assisted patients and families with medicaid applications, conducted family/patient care plan meetings, completed admission paper work, completed MDS paperwork on LTC and skilled patients, facilitated rehab discharges

#### 2004–2005 Spectrum Health Hospital - Case manager (internship)

Case managed inpatient care, facilitated discharge plans, facilitated care conferences, completed assessments and recommendations for care, advocated for clients, worked as a part of the interdisciplinary team, documented services given, provided support for families and patients, arranged nursing home placements and referrals

#### 2001–2004 Pine Rest Christian Mental Health Services - Residential Care Provider

Documented on behavioral disorders, constructed behavioral plans, collaborated with the therapist and case worker, advocated for residents, led morals and values groups with residents in the summer, provided physical management for residents

#### Fall 2003 Domestic Crises Center - Case management (internship)

Answered crisis calls and made referrals, conducted incoming assessments on families and children, led and assisted with the Women's support group, assisted in supervising the

women and children in the residential home, conducted safety plans with the women in the shelter

#### Education

Western Michigan University Kalamazoo, MI

Masters of Social Work

Cornerstone University Grand Rapids, MI

Double Major: Social Work /Psychology

#### **Employment**

| 2013–Current | Kinder Women's Care Center                 |  |
|--------------|--|--|
|              | Social Worker (PT)                         |  |
|              | Columbus, OH                               |  |
| 2009–2012    | Westminster Thurber Community              |  |
|              | Rehab discharge planner/social worker (FT) |  |
|              | Columbus, OH                               |  |
| 2008–2009    | Kinder Women's Care Center                 |  |
|              | Social Worker (FT)                         |  |
|              | Columbus, OH                               |  |
| 2006–2008    | <b>Woodlands at Hampton Woods</b>          |  |
|              | Director of Social Work (FT)               |  |
|              | Poland, OH                                 |  |
| 2004–2008    | Starbucks                                  |  |
|              | Barista (PT)                               |  |
|              | Austintown, Ohio / Grand Rapids, Michigan  |  |
| 2001–2004    | Pine Rest Christian Mental Health Services |  |
|              | Residential Care Provider (PT/FT)          |  |
|              | Grand Rapids, MI                           |  |

### Certification | Training | License | Awards

BSW Field Instructor of the Year

The Ohio State University (2011)

LSW

I am a Licensed Social Worker in the State of Ohio.

Pine Rest Christian Mental Health Services

CPR, First Aid, Crisis Intervention, Compassionate Care, CPI (physical management)

## Karen M. McGirty, MSW, LSW

**Summary of Qualifications:** I have a genuine concern for children and families demonstrated by years of both professional and volunteer work, an understanding of complex family dynamics, training and experience in conflict resolution, crisis management, and faith-based program planning and implementation.

#### **Work Experience**

Women's Care Center (May 2014 to Present)

Counselor

-provide options counseling, education and support to pregnant women

St. Timothy Catholic School (February 2006 – June 2014)

Playground Supervisor

- -Monitor safety and security of children (K-8) on the playground
- -Address behavior and conflicts as necessary

<u>Upper Arlington Lutheran Church</u> (September 2006 – June 2010)

Assistant Teacher

- -Assist with implementation of best practices in childhood education
- -Build strong relationships with children and their parents

#### <u>Lutheran Social Services</u> (July 2000 – January 2002)

Adoption Placement Specialist

- -Interview, assess and write home studies for prospective adoptive parents
- -Conduct follow-up visits once child placement occurs

#### Ohio Youth Advocate Program (January 1993 – May 2000)

Treatment Coordinator/Shelter Care Coordinator

- -Provide case management services to youth placed in foster homes Licensing Specialist/Adoption Assessor
- -Interview, train, assess and compose home studies for prospective foster and adoptive parents

Muskingum County Children Services (Aug. 1991–Dec. 1992)

Ongoing Services Case Worker

-Provide case management services to families with open child protection case

#### Volunteer Work

St. Timothy Catholic Church (October 2012 – August 2015)

Youth Ministry Coordinator

- -Plan weekly high school and occasional Middle School meetings
- -Promote, register and attend Diocesan Youth Ministry Events
- -Invite youth into relationship with peers and Christ
- -Grant written to successfully fund full-time position (Aug 2015)

#### **Volunteer Work**

St. Timothy Youth Group Aide (Aug 2015 to Present)

Rosary Guild Coordinator and Host (Sept 2010 to Present)

Catholic Girls Club Coordinator (Oct 2012 – June 2013)

Cub Scout and Girl Scout Leader (Oct 2003 – Aug 2012)

**Education** The Ohio State University

Bachelor of Science in Human Ecology (Sept. 1987 – June 1991)

Major/Minor: Family Relations and Human Development/Psychology

Master of Social Work (September 1994 – June 1998)

#### STEPHEN FREDDOSO

#### **EDUCATION** Masters in Business Administration (in progress)

**Indiana University South Bend** 

Projected Date of Graduation: July 2016 Current GPA: 3.87

#### Bachelor of Arts in Philosophy University of Notre Dame May 2009 GPA: 3.83/4.0

#### **HONORS**

Magna cum Laude Dean's List: 7 semesters

| Oesterle Award for Excellence in Philosophy          | 2009 |
|--|------|
| Editor, Notre Dame Journal of Undergraduate Research | 2009 |
| Editor, Vita, Dulcedo, et Spes Undergraduate Journal | 2007 |
| Representative, Notre Dame College Seminar Congress  | 2006 |

#### **EXPERIENCE**

#### Women's Care Center, Inc.

#### **Business Manager**

#### **June 2015-Present**

- Oversees accounts payable and accounting functions for 19 branches in four states and produces financial reports for president and board of directors
- Oversees payroll and human resource functions for over 120 Care Center employees
- Writes grants to acquire money and supplies for Center operations
- In charge of procurement for six centers in three counties

#### Notre Dame Center for Ethics and Culture Communications and Marketing Manager July 2013-June 2015

- Oversaw all digital and print communications, including Center newsletter, monthly e-mail bulletins, website and social media content, brochures, press releases, campus-wide program advertising, and national advertising campaigns
- Created communications budget incorporating all aspects of Center Communications and prepared periodic budgetary reports for the director and the advisory board
- Interviewed, hired, supervised, and evaluated seven part-time employees
- Oversaw comprehensive rebranding effort including developing a new logo, restructuring the website, and creating a consistent visual brand across all Center communications
- Developed and executed social media marketing plan, more than tripling the Center's following across social media channels in one year
- Spearheaded the Center's efforts during Notre Dame Day Fundraiser, resulting in the Center winning "Top Campus Center or Institute" in 2014 and 2015

#### Notre Dame Center for Ethics and Culture Events Planning Program Manager March 2011-July 2013

- Coordinated dinners, lectures, and conferences for hundreds of people by securing venues, registering participants, organizing catering, and researching, scheduling, hosting, and introducing speakers
- Developed event budgets and gave periodic budgetary reports to director and advisory board.
- Designed and distributed flyers, posters, brochures, bookmarks, print ads for campus publications, and press packets advertising the Center's events
- Interviewed, hired, supervised, and evaluated three part-time in planning, organizing, and managing events

## The Highlands School, Irving TX Teacher

Aug 2009-Feb 2011

- Taught biology and English to high school and middle school students
- Founded and coached a high school mock trial team
- Served as yearbook adviser
- Edited college essays and advised senior students making college decisions

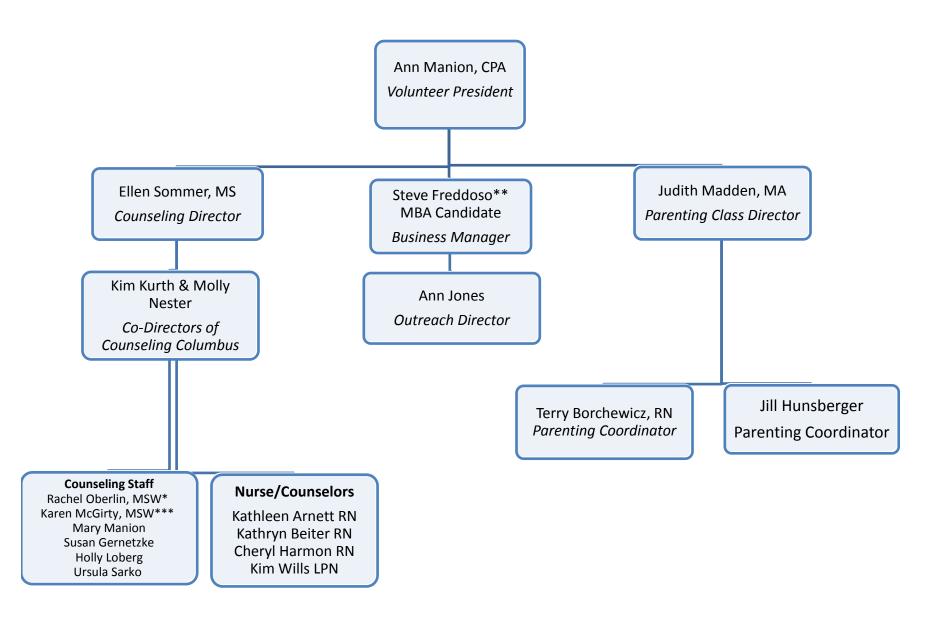
**SKILLS** 

Languages: Some Italian

Computer: Windows, Macintosh OS, Microsoft Office, Adobe InDesign, Adobe

Photoshop

## **Women's Care Center, Columbus**



#### 3.4 Organization Profile

Services, intake process, services provided after intake and how the services are provided/received, and any follow up services, logistics of operation and geographical areas of coverage. Describe the population your organization serves including any demographic information as well as family makeup. Include the number of families for whom your organization has provided family planning, abortion prevention services and childbirth promotion; and parenting education/development in the past 2 years.

#### <u>Services</u> - Women's Care Center provides the following services:

- Medical grade pregnancy testing
- Life-affirming options counseling
- Relationship counseling
- Ultrasounds to determine fetal viability and dates
- One-on-one "goals" counseling to work on relationships, parenting, prenatal, self-sufficiency goals.
- Parenting and prenatal classes
- Crib Club incentive programs (provides cribs, diapers and new baby clothing as an incentive for program participation)
- Children's books to encourage literacy

#### All services are offered free of charge.

<u>Geographic Area</u> - Services are provided at two centers in Columbus, Ohio, located at 935 E. Broad Street and 3273 E. Main Street. Both centers are open full-time (8 hours a day, 5 days a week) and accessible by appointment and on a drop-in basis. We welcome walk-ins. The Broad Street center also offers convenient Saturday hours.

#### Websites –

Our client website is <u>www.womenscarecenter.org</u>
Our website for donors is www.supportwomenscarecenter.org

<u>Counseling Model</u> - Women's Care Center's counseling model has been crafted and fine-tuned over our 32-year history. Women's Care Center counseling has five guiding principles:

- 1. Women's Care Center provides unconditional positive regard to every young woman who comes through our doors. In order to create a relationship of trust, our counseling is woman-centered and empathetic.
- 2. Our approach recognizes that each young woman's choices are hers and not ours. Our job is <u>not</u> to persuade her, but rather to educate and support her. In order to help clients feel empowered to make life-affirming choices, our counseling is non-judgmental, collaborative and respectful.
- 3. Our approach does not moralize or evangelize, recognizing that each young woman is in a different place in her journey. In order to ensure that a young woman never feels threatened or that her care is agenda-driven, we do not evangelize as do most other pregnancy centers in the United States. Because this position was consistent with the state of Indiana's position, this was one of the primary reasons our program was selected for the pilot "Real Alternatives" program in Indiana.

- 4. Our approach recognizes that abortion-oriented women need vital information to make informed decisions. We provide this information with gentleness and permission.
  - a. Her estimated due date at the time of pregnancy testing
  - b. Fetal development
  - c. Abortion procedure(s)
  - d. The physical and emotional risks of abortion
  - e. A diagnostic determination of viability (if not viable an abortion is not needed) and verified gestational age (abortion procedure and cost is based on gestation) through ultrasound.
  - f. Resources at our center and throughout the community if she decides to parent.
  - g. Information about the option of adoption.
- 5. Personal information that young women provide to us is held in strict confidence, except as necessary to comply with the law.

Intake - A client typically comes to our center to verify her pregnancy (attracted by the free pregnancy test and ultrasound). What typically develops is a trusting relationship between each young woman and her counselor. Although counselors have an intake form to guide them, the intake is relaxed and personal. It is conducted in a non-institutional setting in a comfortable counseling room with home-like, comfy furnishings. The counselor uses the intake as a guide to get to know her client's story. The intake covers all areas of a client's life that potentially impact her response to pregnancy or are affected by pregnancy including: medical and pregnancy background, relationships with her partner, family and friends, education, employment, living situation and support. The counselors help women understand pregnancy, fetal development, abortion and its physical/emotional risks, and the importance of taking care of themselves during pregnancy. They also create individual pregnancy plans, explain the many supportive services we offer and offer referrals to community resources. Our counselors continue to follow-up with pregnant clients via text and telephone offering support.

To obtain a "feel" for our counseling approach with abortion-minded women in the first visit, refer to our "Your Decision" educational brochure (attached, in both English and Spanish) a powerful take-home piece for clients contemplating abortion. As illustrated in this brochure, our approach is woman-centered, non-judgmental and respectful of where a woman is in her life. However, without doubt, our love approach counseling model is highly effective in preventing abortion.

Services After Intake and Follow-Up Services - Following the confirmation of pregnancy our counselors schedule an ultrasound to verify viability and confirm gestational age. During that appointment a young woman, buoyed by supportive counsel, practical assistance and reminded of her own value, sees her baby for the first time. For the vast majority of clients, this is a transformative experience. Our nurses continue the supportive counsel, exploring each client's unique challenges and strengths, and helping her understand pregnancy, make healthy choices, and learn early parenting skills. (This includes comprehensive coverage of tobacco, alcohol and drug addiction cessation support.) At the time of ultrasound, our nurses and counselors follow-up on the young woman's pregnancy plan progress. Again, counselors follow-up with clients via text and telephone, answering questions, offering helpful referrals and support.

After the ultrasound we encourage clients to continue with our services. This is especially important for first-time moms. In ongoing sessions, counselors help educate clients about childbirth, breastfeeding and caring for a baby (including safe sleep practices). We also provide education about a child's stages of development and how to nurture and positive guide/discipline children.

For women who test negative for pregnancy (34%), we offer relationship/family planning/abstinence education. Working with our counselors, clients assess whether or not their current relationship is a healthy one with the potential for permanence and whether the level of intimacy in the relationship is in balance with other important factors (knowledge, trust, reliance and commitment). We help clients understand their bodies, birth control and the risks of non-monogamous sex. We help clients consider postponing sexual involvement when appropriate and help them find the confidence to wait for someone who will commit to them.

Because literacy is a number one indicator of success in school, we distribute free children's books to all children/families who frequent our centers for any purpose. All classes and one-on-one education are incentivized with coupons to shop in our Crib Club "baby store." Crib Club provides new baby clothing, cribs and diapers in a way that is not a handout, but an empowering hand-up.

<u>Population Served</u> - Women served by Women's Care Center are generally at greatest risk for poor pregnancy outcomes. In Columbus, 74% of those served are single, the majority without a supportive partner. Nearly 40% are unemployed, with another 21% employed only part-time. On average, women served already have 1.17 children (excluding this pregnancy). An ethnically diverse clientele, 60% are African-American, 23% are Caucasian and the remainder are Hispanic, Asian and other races. Although we don't currently ask income eligibility questions (we know this will change under this grant), nearly all of our clients qualify for Medicaid. In Indiana, where we have a similar parenting and pregnancy (state-funded) programs, nearly all of our clients qualify.

During the last two years, we served the following numbers of individuals/families for the following services:

| Service               | All Women's Care Center | Columbus, OH        |
|-----------------------|-------------------------|---------------------|
|                       | locations               | Women's Care Center |
| Family planning       | 10,067 families         | 1,754 families      |
| Abortion prevention   | 21,740 families         | 3,406 families      |
| Parenting             | 11,765 families         | 507 families        |
| education/development |                         |                     |

#### 3.5 Participant Eligibility

Applicant must describe its experience determining eligibility for need based programs, and describe how it will ensure, to the best of its ability, the accuracy of the information provided by the program participant.

Until now, our Columbus centers have been funded exclusively (100%) by donations. Philosophically, our programs are open to all regardless of income eligibility or any other criteria including race, religion, color, age, marital status, national origin, disability or gender. We believe, based on client exit reviews, that this openness to all (without stipulations, unconditional positive regard for all) is a huge factor in our success. However, the practical effect is that clients who choose Women's Care Center and our free services are almost always low-income. We know anecdotally in Columbus, well over 90% of our clients qualify for Medicaid. The vast majority will qualify for this new Ohio Parenting and Pregnancy Program.

Our Indiana centers have experience with similar need based government programs. Over the years, our centers have been Medicaid enrollment sites. Assisting clients in applying for and assessing eligibility for Medicaid is standard at our centers.

As previously mentioned, Women's Care Center is a "Real Alternatives" program recipient in Indiana, a parenting and pregnancy support program also funded with TANF monies. We have reviewed the required reporting form and believe it will be easy to incorporate this into our counseling protocol. Our counselors are also highly skilled at assessing the sincerity of our clients and believe we will be able to encourage an honest self-assessment of their eligibility. With our sophisticated new client tracking software (see discussion in 3.6), we will be able to clearly identify qualifying program participants and outcomes achieved.

#### 3.6 Program Design

A. Target Audience - Pregnant women and parents or other relatives caring for children twelve months of age or younger and meeting one or more of the four purposes of the temporary assistance for needy families' block grant. Our center holds a natural attraction for women from the target audience. Because our services are provided very early in pregnancy and offered free of charge, we are a magnet for low-income women facing unexpected pregnancies. As the largest pregnancy resource center in central Ohio, we already serve 1 in 12 new moms in Franklin County are our clients.

<u>B. Program Requirements</u> – Your support will implement a six-part strategy to increase participation in, increase awareness of and expand pregnancy/parenting programs.

- 1. Expand/add additional counselors at our very busy E. Main Street center. This tiny center (a small house) with its huge pink sign on a busy street is highly popular with clients. Its small size has limited the number of women we are able to serve here. A donor is willing to fund a building expansion to double the number of counseling rooms (from 2 to 4 counseling rooms). The donor will cover capital costs; your support is needed to fund additional counselors for the expanded site. Staff will be added midway through year 1 when renovations are completed.
- 2. Enhance/expand client advertising. With a limited budget, the center relies primarily on prominent pink signage and facilities on highly visible thoroughfares supplemented by "word-of-mouth" referrals from former clients (1/3 of new clients). We have a highly effective website, with 2,300-2,700 new visitors every week. Columbus always tops the locations searched on our website. With additional budget, we will work with our award winning ad agency advisor (Big Idea Company) to enhance our Internet presence, including adding ads in Spanish. We will make use of effective low cost advertising, like fliers and posters with tear-off contact information (which have yielded the greatest return in the past), with Spanish versions of all. We will also take advantage of all opportunities for free media.
- 3. Add a Spanish-speaking counselor. Although the percentage of Hispanic women served by our two Columbus centers mirrors the Hispanic population of Franklin County, we know from our work in other locales that having a Spanish-speaking counselor makes all the difference. In every locale with a Spanish counselor, we serve far more Hispanic women than the overall demographic would suggest.

As a result of the first three strategies, we expect an 8% increase in women served for abortion prevention and family planning in year 1, with a 15% increase by year 2. We expect to serve at least 2,800 families annually by year 2.

- 4. Increase participation in parenting and prenatal classes. With this grant, we will hire more educators, introduce more classes and class times, including specialty classes, which are so successful in other locales like our new Strong Fathers class series.
- 5. Increase the scope of goals counseling. Goals counseling covers many of the same topics covered in classes, with the added advantage of being tailored for each client's individual needs. This is especially important for our teenage clients and those with special needs. Special needs clients include those with mental and physical

disabilities, the homeless, those who are suicidal and victims of abuse. These clients require more tailored assistance than our classes can provide. We will also develop a goals programs progress and accountability tool for use with our Columbus clients:

- 1. Strong Fathers based on "24/7 Dad"
- 2. Self-Sufficiency based on "Bridges out of Poverty"
- 3. Safety based on "Surviving Infancy"
- 4. Raising Emotionally Healthy Children based on "InJoy"
- 5. Teen Parenting based on "Life Skills for Teen Parents"
- 6. We will develop and print a "Your Relationship" brochure, similar to the "Your Decision" brochure used in options counseling. This new brochure will offer clients a step-by-step assessment tool for their relationships, goals planning, and health.

As a result of strategies 4-6, we expect to double annual participation in parent education, serving 500 families annually by year 2, a conservative estimate. In other communities, we see program participation explode with strategies like this.

<u>C. Mandatory Services</u> - All mandatory services are currently provided in Columbus.

a. <u>Parenting and family classes/counseling</u> has been provided since inception in Columbus. Class participation is incentivized by the Crib Club program. Crib Club provides coupons redeemable for cribs, diapers and new baby clothing in a store-like setting. This is an empowering hand-up for our clients.

All curricula is evidence-based. Judy Madden, M.S, an adjunct professor of early childhood development at Holy Cross College and senior counselor for the A.C.E. program at the University of Notre Dame oversees curricula development for the organization as a whole. Jill Hunsberger, a certified "Parents as Teachers" educator who has spent over 25 years as a primary grade classroom teacher, assists with program development. (Examples of curricula attached).

In order to promote greater participation among clients who often lack adequate transportation and regular schedules, our classes are non-sequential. Topics like positive discipline, safety, stages of appropriate childhood development, and child abuse prevention are covered cyclically.

An important benefit of Women's Care classes is the community building component. Parents attending class build relationships with other parents facing similar parenting struggles. These relationships help create a support safety net for new parents. We frequently observe parents planning play dates, throwing baby showers and swapping child care outside of class. These friendships reduce the isolation that increases the risk of child abuse.

Positive outcomes are indicated by a 67.1% decrease in the number of termination of parental rights case filings (a key indicator of child safety) in northern Indiana counties with long standing Women's Care Center parenting education programs. According to the Indiana Youth Institute, from 2010-2013 counties with a Women's Care Center program show a 67.1%

- decrease (from 958 to 315) over four years. The other counties in the NE and NW regions show only a 6.1% decrease (from 424 to 398).
- b. <u>Infant/child safety lessons</u> One of the most important objectives of our counseling program is to reduce child abuse by increasing parenting knowledge and skills and reducing isolation. We offer both one-on-one goals counseling and classes. Every parent who receives a crib completes a "safe-sleep" program.
  - Counselors are trained and complete continuing education requirements in recognizing, reporting and making necessary referrals for child abuse and neglect, domestic violence, and mental health and depression. Every expectant mother we serve is assessed for and receives education on infant/child safety.
- c. Mother/child nutrition and health education are included routinely in the parenting and family classes, but we educate about these topics beginning in the first visit. Our first priority is helping a woman make a decision for life. However, the next priority is helping her bond with her baby (enhanced through ultrasound) and take steps to have a healthy pregnancy. We distribute free prenatal vitamins. We encourage her to eat well, quit smoking and take steps to treat her addictions.
  - Discovering that as many as two-thirds of all women (in Indiana counties) who smoked during pregnancy were Women's Care Center clients, we partnered with Indiana Tobacco Prevention and Cessation Agency to promote cessation among pregnant women. We have brought the training and expertise garnered through that partnership to our Ohio centers. Because our average client comes (early) only 6 weeks pregnant, we have a greater opportunity than most to impact on the heath of her baby and we take full advantage at every encounter.
- d. Outreach for other social services. We serve a large number of women on a very tight budget. We recognize that we cannot meet all the needs of our clients working alone. We regularly network with service agencies to collaborate, reduce duplication of services and ensure that our counselors are aware of area resources. We regularly invite key services providers to present at our bi-weekly staff meetings. Our referral binder is 2 inches thick, comprehensive and regularly updated. Common referral areas include: prenatal care providers, housing assistance, WIC, Medicaid enrollment procedures, domestic violence shelters/assistance, food and clothing pantries, education and employment assistance, and adoption.

#### D. Addressing Infant Mortality

Addressing the critical issue of infant mortality in Ohio is an established part of our protocol. We know our clients, because of their lack of resources, their initial ambivalence about being pregnant and (many times) their lack of support, are at higher risk of low birthweight babies a leading cause of infant mortality. Our approach is straightforward: increase face-to-face contact and phone follow-up with clients throughout pregnancy and the first year of life in order to encourage healthy behaviors.

#### Our process:

- 1. Our first step is helping a young woman find motivation to have a healthy pregnancy. This occurs during options counseling, certainly, but most compellingly during ultrasound. With nearly 3,000 ultrasounds performed by our Columbus centers over the last two years, we know the power of this life-saving technology in changing a "pregnant woman" into a "mom." Once her heart is touched, it is much easier to help her think about things like eating well, quitting smoking and seeking treatment for her addictions. This education starts at the very first counseling visit.
- 2. Create and implement a healthy pregnancy plan with each pregnant client. A collaborative effort between counselor and client, this plan includes four basic areas: medical referral, Medicaid referral, WIC referral and parenting education referral. This plan is updated at each subsequent visit.
- 3. Our counseling protocol requires follow-up phone calls with clients (with the client's permission) at least every trimester and within a week of the estimated due date. For clients with more complex cases the number of phone follow-ups is increased.
- 4. Schedule goals program appointments and plan parenting class attendance at the time of ultrasound.

This process, executed by highly trained counselors and educators, has proven very effective. A recent analysis at three of our (Fort Wayne, IN) centers indicates a 50% decline in low-birth weight babies for mothers who made 3 or more visits to our center. In Columbus, we see an average increase of 1 ounce for every visit. (Clients who came 1-2 times had an average birth weight of 6lbs 11ounces; this average birthweight steadily increases to 7lbs 0ounces for mothers who make 7 or more visits.) One of the major goals with this proposal is to increase "touches" with pregnant women in Ohio.

E. Subcontractor(s)/Sub-grantee(s) and F. Monitoring - No subcontractors/sub-grantees.

### <u>G. Describe how participant and program information will be collected and confidentiality maintained.</u>

In January 2015, Women's Care Center implemented a custom data collection database for all of its centers. This database was created at great expense with the sole objective of providing data on our scope and effectiveness. If awarded this grant, when a counselor determines that one of her clients qualifies for the Ohio Parenting and Pregnancy Program, we will be able to code her as such in our database. This will allow us to capture data on the number of participating clients, the number of visits, the number of classes, exit intentions (what percentage chose life), average birth weights. The system has the capacity to compare and group relevant data, giving us the hard data necessary to focus resources and programs most effectively to promote healthy outcomes.

Of course, the signed client verification will be kept in a confidential file by client. If needed to audit the data, we could black out the client's last name to preserve confidentiality.





Serving over 250,000 women since inception in 1984, the fundamental mission of Women's Care Center aligns perfectly with the goals of the Ohio Parenting and Pregnancy Program.

#### OUR VISION:

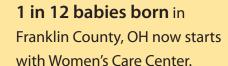
Every woman feels empowered to choose life and has the support she needs to experience a healthy pregnancy, be a nurturing parent, and become self-sufficient.

**Two** Columbus centers opened in 2008.

Since opening here, there has already been a **37% decrease** in the number of abortions performed in Franklin County.

#### **OUR MISSION:**

To provide knowledgeable, empathetic, non-judgmental, comprehensive, skilled and sustained care and education in an environment of welcome, safety and peace.



- 1,895 pregnant clients last year
- 1,432 ultrasounds last year
- 93% choose life!





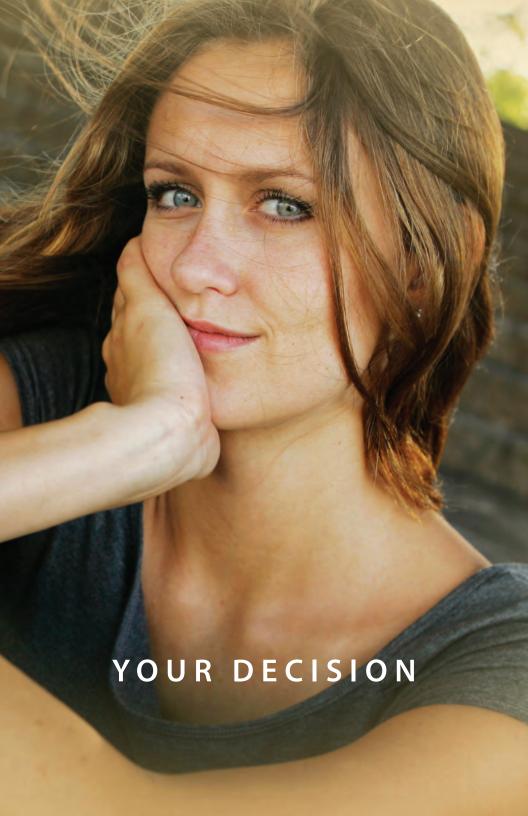
"My wife Shelley and I are excited to be part of the Women's Care Center family and their mission to help moms and babies."

— Ohio State Head Football Coach Urban Meyer and his wife, Shelley, are Women's Care Center board members



"Women's Care Center **loves and respects the woman** facing a problem pregnancy and recognizes her humanity."

— Bishop Frederick Campbell, Women's Care Center board member





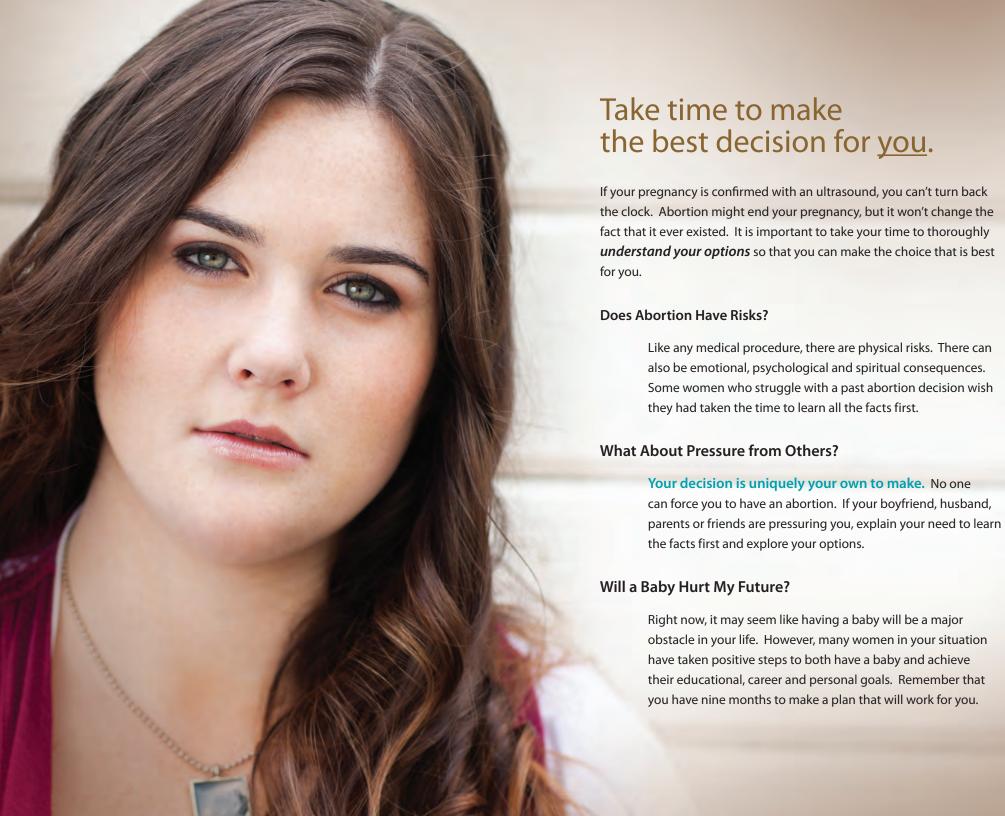
### Schedule an Ultrasound.

First you need to know if your pregnancy is "viable" (developing normally). At least 10-15% to as many as 50% of pregnancies end in natural miscarriage, according to the March of Dimes. Even if you have had a positive pregnancy test and are experiencing pregnancy symptoms, your pregnancy might not be viable, and you might not be having a baby.

The earliest way to know for sure is with an ultrasound. An ultrasound is a simple, painless, safe procedure that uses sound waves to learn about your pregnancy.

An ultrasound is especially important if you're considering abortion. If you don't have a viable pregnancy, there is no need for an abortion. An ultrasound will also tell you how many weeks pregnant you are, which determines the types of abortion procedures available to you.





### **Understand Pregnancy**

As you make choices about your pregnancy, it is important to understand the momentous changes occurring in your body. These changes affect you physically and emotionally, and may impact your ability to make an objective decision (especially in the first trimester).

Pregnancy lasts approximately 40 weeks. By the time you miss your period, you're probably 4 or 5 weeks pregnant. In early pregnancy, your hormone levels are doubling every two days. As a result, you may feel very emotional, excited one day and moody the next. You may also be experiencing morning sickness and increased tiredness. This is normal. Most women feel much better by 12 to 14 weeks.

#### FETAL DEVELOPMENT

#### 1 Day

Baby's sex, hair and eye color are determined at conception.

#### 5 Weeks\*

Baby's heart is beating and pumping blood.



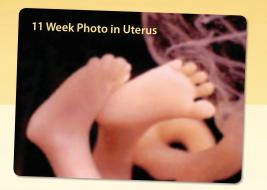


#### 6 Weeks\*

Baby's nose, mouth and ears are taking shape. Her heart is beating 100-160 times a minute.

#### 7 Weeks

Baby's hands and feet are emerging from his developing arms and legs.



### 10 Weeks\*

9 Weeks\*

Baby is kicking up a storm. Hair, fingernails and toenails are all developing.

Baby's sex organs are there (but won't be distinguishable as male or female for a couple weeks).

His tiny teeth are developing.



#### 11 Weeks\*

Baby's bones are getting stronger. He may have the hiccups because of his developing diaphragm.

#### 12 Weeks\*

Baby has reflexes. Her fingers and toes open and close and her mouth will make sucking movements.

#### 14 Weeks\*

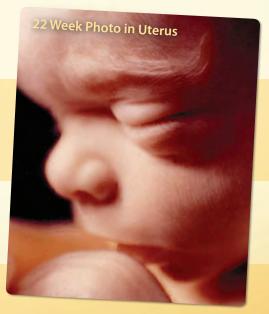
You may be able to see on an ultrasound if baby is a boy or a girl.

#### 18 Weeks\*

Baby's vocal chords are working. She can cry.

#### 22 Weeks\*

Baby can hear someone talking.



<sup>\*</sup>Weeks are measured from last menstrual period.

# Understand Chemical Abortion (1st Trimester)

**RU-486** (The Abortion Pill)

Mifeprex™/Mifepristone

This drug was approved by the FDA (Food and Drug Administration) for abortions up to 7 weeks, although some clinics use it "off label" up to 9 weeks. Depending on state laws, the procedure requires two to four visits to the clinic over several weeks.

In the first phase, Mifepristone tablets are taken. These cause "fetal demise" (the death of the fetus) by blocking the hormone progesterone. Without progesterone, the placenta cannot provide nutrients and oxygen to the fetus. Generally 24-48 hours later, the patient takes the drug Misoprostol (sometimes this is taken at home). This drug, taken orally or inserted vaginally, causes contractions. Cramping and heavy bleeding normally occur within two hours and the fetus is expelled. A week or two later, the doctor confirms the abortion has taken place. Otherwise, a surgical abortion is required.

#### Methotrexate (MTX)

The FDA approved this as a chemotherapy drug for treating cancer. It is also sometimes used for abortions up to 70 days (10 weeks). At the first visit, MTX is taken orally or injected. This drug causes an abortion by blocking folic acid. Without folic acid, the cells in the embryo and placenta cannot grow. Five to seven days later, another drug, Misoprostol, is used vaginally to induce contractions. Cramping and heavy bleeding begin and the fetus is expelled. This drug combination can take two weeks or more to take effect. At the third visit, the doctor confirms that the abortion is complete. Otherwise, a surgical abortion is required.



#### **RISKS OF CHEMICAL ABORTION**

#### Bleeding:

Generally lasts 9-16 days. However, 1 in 100 women will need surgery (D&C) to stop the bleeding.

#### Infection:

The FDA recommends that anyone who has a fever, weakness, pain, nausea, vomiting or diarrhea more than 24 hours later should seek immediate medical attention. In a small number of cases, infection can be life-threatening.

#### **Undiagnosed Ectopic Pregnancy:**

The abortion pill will not eliminate an ectopic pregnancy (where the fetus is developing outside the uterus). This type of pregnancy, if not diagnosed, can be life-threatening.

#### Stress:

The length of the abortion (up to several weeks) and the number of visits to the abortion clinic can cause increased stress and anxiety.

#### **Guilt and Loss:**

Some women report increased feelings of guilt, sadness and loss as a result of seeing recognizable body parts after the fetus is expelled at home.

# Understand Surgical Abortion (1st Trimester)

#### **Suction Dilation and Curettage (D&C)**

D&C is the most common type of abortion in the United States. It is performed between 6 and 13 weeks after the woman's last menstrual period.

The first step in this procedure is cervical dilation. Early in a woman's pregnancy, the cervix, the muscle at the base of the uterus, closes very tightly in order to support the weight of the pregnancy and prevent miscarriage. In an abortion, the doctor dilates (opens) that muscle, either by administering medication the day before the procedure or by using progressively larger metal rods on the day of the procedure. (Because this can be painful, local anesthesia is typically given.)

After the cervix is dilated, the doctor inserts a hollow plastic tube (commonly with a sharp end designed for scraping) into the uterus. The other end of the tube is attached to a suction machine.

After the tube is inserted, the doctor turns on the vacuum machine.

The force pulls the fetus apart and out of the uterus. After the suction is complete, the doctor may use a curette, a tool with a small loop at the end, to remove any residual fetal parts.

This procedure can be completed in one visit to the abortion provider, except in states where an 18 or 24 hour wait time is required.

Post-operation recovery time is approximately one hour, and total time at the clinic is approximately four hours.



#### **RISKS OF SURGICAL ABORTION**

#### **Heavy Bleeding:**

Some bleeding is normal. However, hemorrhaging can occur which may require additional surgery or a blood transfusion.

#### Infection:

Occasionally, fetal parts are not completely removed during an abortion and infection can set in. The FDA recommends that anyone who has a fever, weakness, pain, nausea, vomiting or diarrhea more than 24 hours later should seek immediate medical attention. In a small number of cases, infection can be life-threatening.

#### Organ Damage/Infertility:

Internal organs can be damaged by abortion instruments. In these cases, surgery may be necessary to repair the organ. If the uterus is badly punctured or torn, a hysterectomy may be needed.

#### Death:

Although rare, complications (bleeding, infection, organ damage, blood clots and adverse reactions to anesthesia) can be life-threatening.

#### **Depression:**

Studies show that women who have had abortions have a 65% higher risk of clinical depression than those who have not.

# Understand Surgical Abortion (2<sup>nd</sup> & 3<sup>rd</sup> Trimester)

#### Dilation & Evacuation (D&E)

Most second and third trimester abortions are performed using this method. The cervix is softened the day before, using medication placed in the vagina and/or stretching it using absorbent rods or bundles made of seaweed (laminaria).

The next day, the doctor inserts a tube through the cervix into the uterus and applies suction by either an electric or manual vacuum device. The suction pulls the fetus apart and out of the uterus. The doctor may also use forceps (a grasping tool) and/or a curette (a tool with a small loop at the end) to help remove any remaining fetal parts.

After 16 weeks gestation, suction alone does not work due to the increased size of the fetus. Instead, the doctor uses forceps to pull the fetus apart, keeping track of fetal parts removed so that none are left inside. Lastly, a curette and/or suction machine is used to remove any remaining tissue.

After 24 weeks, this method usually takes 2-3 days. To comply with the federal Partial-Birth Abortion Ban Act, the fetus must be dead before it can be removed from the woman's body. This is accomplished by injecting drugs into the fetal heart, umbilical cord, or amniotic fluid. The doctor uses forceps to pull the fetus apart, keeping track of fetal parts removed so that none are left inside. Lastly, a curette and/or suction machine is used to remove any remaining tissue.



#### **Medically Induced Abortion**

This method induces an abortion using drugs that cause labor, usually requiring a 10-24 hour hospital stay. Typically, digoxin or potassium chloride is injected into the fetal heart, umbilical cord, or amniotic fluid prior to labor to avoid the delivery of a live baby. The cervix is softened and labor is induced. Occasionally, scraping of the uterus is needed to remove the placenta.

#### RISKS OF 2<sup>ND</sup> AND 3<sup>RD</sup> TRIMESTER ABORTION

The risks of surgical abortion are discussed on the previous page and include heavy bleeding, organ damage, infertility, infection and in extreme cases, death. 2<sup>nd</sup> and 3<sup>rd</sup> trimester abortions carry increased risks. At 21 weeks, the risk of an abortion resulting in loss of life is 100 times greater than an abortion performed at 8 weeks or less.





## Consider Other Impacts of Abortion.

#### **Emotional/Psychological**

After an abortion, you might initially experience great relief.

However, longer term, many women have feelings of guilt, grief, anger and anxiety. These feelings can lead to clinical depression, substance abuse, eating disorders and suicidal thoughts. Scientific evidence indicates that abortion is more likely to be associated with negative psychological outcomes than carrying a baby to term.

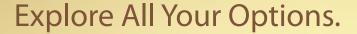
#### Relationships

Many couples think having an abortion will help maintain their relationship. However, research shows just the opposite. Couples who make a decision to abort are actually at higher risk of having a break-up.

#### Moral

Many women feel pressured or even coerced into having an abortion by loved ones or society. If you feel that abortion violates your beliefs, values or conscience, you may be at an increased risk for psychological complications after an abortion.

Some women feel that they "do not have the right to grieve."
Social pressures, personal shame and public and professional
denial can result in repressed grief. This can lead to clinical
depression and other serious psychological complications.



#### Only you can decide the choice that is right for you.

You deserve to have options that reflect your deepest values and desires. You don't have to have an abortion. You can choose to carry your baby.

Right now, you might be thinking that having a baby will be a major disruption to your life goals. However, remember that you have nine months to make a plan that will work for you.

And you are not alone. There are many people right here who will help you work through the emotional and practical challenges of a pregnancy. No one will tell you what to do. No one will judge you.

This is your body and your pregnancy. You are the only one who has the ability and strength to make a plan that is right for you.



### Ask Yourself:

- Do I have <u>all</u> the facts to make an informed decision?
- Am I willing to take the time I need to make the best decision I can?
- Will I regret having an abortion? Will I regret having a baby?
- How do I feel when I read through fetal development?
   Why do I feel that way?
- How do I feel when I read through the abortion procedures and risks? Why do I feel that way?
- Why are the people who are encouraging me to have an abortion pressuring me to make that choice?
- What is my next step?



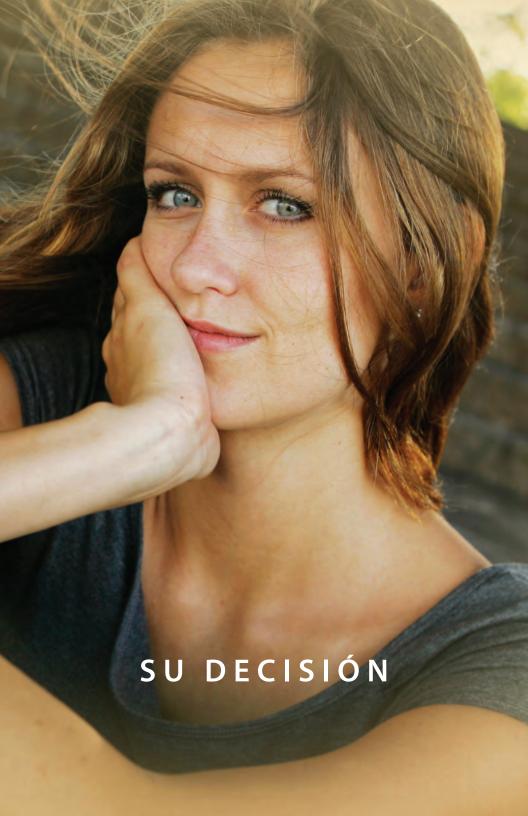


# Look at your situation through another lens.

**GIVE YOURSELF OPTIONS.** Make choices that you feel good about. There are many factors in your decisions about your pregnancy (the pressures you are feeling, the reality of pregnancy, abortion and its effects on you). Consider each of these factors independently. Write down your thoughts and feelings.

If you feel that your heart is telling you to continue with the pregnancy but your head says there is no way, **talk to a counselor.** There may be ways to work through your situation that you never imagined.

Call 1-877-908-2341 or visit us at womenscarecenter.org.





# Haga Cita para un Ultrasonido.

El primer paso es saber si su embarazo es "viable" (se está desarrollando normalmente). Es estimado que un 10-15% y hasta el 50% de embarazos terminan en un aborto espontáneo, de acuerdo a March of Dimes. Aun cuando reciba una prueba de embarazo positiva y empiece a tener síntomas, puede ser que su embarazo no sea viable, y es posible que no tendrá un bebé.

La forma más temprana de saber con certeza es con un ultrasonido. Un ultrasonido es un procedimiento simple, seguro, y sin dolor que usa ondas sonoras para aprender más sobre su embarazo.

Un ultrasonido es muy importante cuando está considerando un aborto. Si su embarazo no es viable, no hay necesidad de un aborto. El ultrasonido también le dirá que tan avanzado esta su embarazo, y eso determinará los tipos de procedimientos disponible para usted.





# Tome tiempo para tomar la decisión más adecuada para <u>usted</u>.

Si su embarazo es confirmado con un ultrasonido, no se puede devolver el reloj. Un aborto puede terminar su embarazo, pero no cambiará el hecho de que alguna vez existió. Es importante tomar tiempo para que *entienda sus opciones* plenamente y pueda tomar la decisión más adecuada para usted.

#### ¿El aborto tiene riesgos?

Como cualquier procedimiento médico, hay riesgos físicos. También puede haber riesgos emocionales, psicológicos, y consecuencias espirituales. Algunas mujeres luchan con su decisión pasada de abortar y desean haber tomado el tiempo para informarse sobre todos los datos primeramente.

#### ¿Que si alguien me está presionando?

#### Su decisión es exclusivamente suya para tomar.

Nadie la puede obligar a tener un aborto. Si su novio, esposo, padres o amigos la están presionando, explique su necesidad de aprender sobre los datos primeramente y explore sus opciones.

#### ¿Podría un bebé dañar mi futuro?

En este momento, tener un bebé puede parecer como que va ser un gran obstáculo en su vida. Sin embargo, varias mujeres en su situación han tomado pasos positivos para tener su bebé y alcanzar sus metas educacionales, profesionales y personales. Recuerde que tiene nueve meses para crear el plan más adecuado para usted.

### Comprenda el Embarazo

Al tomar decisiones sobre su embarazo, es importante comprender los cambios inmensos que están ocurriendo en su cuerpo. Estos cambios tienen efectos físicos y emocionales, y pueden impactar su habilidad de tomar una decisión objetiva (especialmente en el primer trimestre).

El embarazo dura aproximadamente 40 semanas. Para cuando se dé cuenta que no le llego su menstruación, es probable que tenga entre 4 a 5 semanas de embarazo. Al principio del embarazo sus niveles hormonales se duplican cada dos días. Como resultado, se puede sentir muy sensible, emocionada un día y de mal humor al día siguiente. También podría comenzar a sentir náusea y un aumento de cansancio. Todo esto es normal. La mayoría de las mujeres se sienten mucho mejor para las 12 o 14 semanas.

#### **EL DESARROLLO FETAL**

#### Día 1

El sexo, color del cabello y los ojos del bebé se determinan al momento de concepción.



#### 5 Semanas\*

El corazón del bebé está latiendo y bombeando sangre.



#### 6 Semanas\*

La nariz, boca, y los oídos del bebé están tomando forma. El corazón está latiendo 100-160 veces por minuto.

#### 7 Semanas\*

El desarrollo de los brazos y las piernas continúa y comienzan a surgir del cuerpo.



### 10 Semanas\*

9 Semanas\*

El bebé empieza a patalear. El cabello y las uñas de las manos y pies continúan desarrollándose.

Órganos sexuales del bebé están ahí (pero no estarán distinguibles como hombre

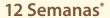
o mujer hasta un par de semanas). Sus

pequeños dientes se están desarrollando.



#### 11 Semanas\*

Los huesos del bebé se están fortaleciendo. Es posible que le dé hipo porque su diafragma se está desarrollando.



El bebé tiene reflejos. Sus dedos de las manos y pies se abren y cierran y su boca hará movimientos de succión.

#### 14 Semanas\*

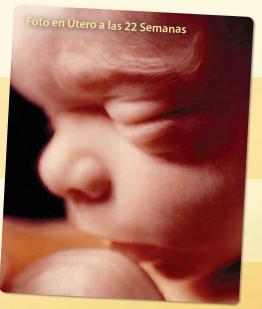
Es posible que un ultrasonido le indique si el bebé es un niño o una niña.

#### 18 Semanas\*

Las cuerdas vocales del bebé están trabajando. Ya puede llorar.

#### 22 Semanas\*

El bebé puede escuchar a alquien hablando.



<sup>\*</sup>Las semanas se miden a partir de la última menstruación.

# Entienda el Aborto Químico (1er trimestre)

#### RU-486 (La Píldora Abortiva)

Mifeprex™/Mifepristona

Este medicamento fue aprobado por la FDA (Administración de Medicamentos y Alimentos) para abortos hasta los 49 días (7 semanas), aunque algunas clínicas lo usan "fuera de lo indicado" para abortos hasta los 63 días (9 semanas).

Las píldoras abortivas son administradas en la clínica de aborto en la primera o segunda visita, dependiendo si hay una consulta primero. Estas píldoras causan "fallecimiento fetal" (la muerte del feto) mediante el bloqueo de la hormona progesterona. Sin progesterona, la placenta no puede proporcionar nutrientes y oxígeno al feto. La paciente generalmente es enviada a casa con un segundo medicamento, misoprostol, para tomar 24 horas después. Este medicamento causa las contracciones. Cólicos y sangrado intenso ocurrirá normalmente dentro de dos horas, y el feto será expulsado. En una visita de seguimiento, una o dos semanas más tarde, el médico confirmara que el aborto ha ocurrido. De lo contrario, se requiere un aborto quirúrgico.

#### Methotrexate (MTX)

Este fue aprobado por el FDA como un medicamento de quimioterapia para tratar el cáncer. A veces también se utiliza para abortos hasta los 70 días (10 semanas). En la primera visita, MTX se toma oralmente o se inyecta. Este medicamento provoca un aborto mediante el bloqueo de ácido fólico. Sin ácido fólico, las células en el embrión y placenta no pueden crecer. Cinco a siete días después, otro medicamento, Misoprostol, se usa vaginalmente para inducir contracciones. Cólicos y sangrado intenso comienzan y el feto es expulsado. Esta combinación de medicamentos puede tomar de dos semanas o más para surgir efecto. En la tercera visita, el médico confirma que el aborto es completo. De lo contrario, se requiere un aborto quirúrgico.



#### **RIESGOS DE UN ABORTO QUÍMICO**

#### Sangrado:

Generalmente dura de 9-16 días. Sin embargo, 1 de cada 100 mujeres necesitarán cirugía (Dilatación y Legrado) para detener la hemorragia.

#### Infección:

La FDA recomienda que cualquier persona que tenga fiebre, debilidad, dolor, náuseas, vómitos o diarrea por más de 24 horas después deba recibir atención médica inmediatamente. En un pequeño número de casos, una infección puede ser potencialmente mortal.

#### Embarazo Ectópico Sin Diagnosticar:

La píldora del aborto no eliminará un embarazo ectópico (cuando el feto está fuera del útero). Este tipo de embarazo, si no se diagnostica, puede ser potencialmente mortal.

#### Estrés:

El periodo de tiempo para completar el aborto (hasta varias semanas) y el número de visitas a la clínica pueden causar un aumento en la tensión y la ansiedad.

#### La Culpa y la Pérdida:

Algunas mujeres reportan un aumento en sentimientos de culpa, tristeza, y pérdida como resultado de ver partes del cuerpo reconocibles después que el feto es expulsado.

# Entienda el Aborto Quirúrgico (1er trimestre)

#### Succión y Dilatación (D y C)

El legrado uterino (D y C) es el procedimiento de aborto más común en los Estados Unidos. Se lleva a cabo entre las 6 y 13 semanas después del último periodo menstrual.

El primer paso en este procedimiento es la dilatación del cuello uterino. Al principio del embarazo, el cérvix, el músculo en la base del útero, se cierra apretadamente con el fin de soportar el peso del embarazo y prevenir un aborto involuntario. En un aborto realizado, el médico dilata (abre) el músculo, ya sea mediante la administración de un medicamento el día antes del procedimiento o mediante el uso de dilatadores cervicales el mismo día del procedimiento. (Debido a que esto puede ser doloroso, generalmente se coloca anestesia local.)

Después que el cuello uterino está dilatado, el médico inserta un tubo de plástico en el útero, comúnmente con una punta afilada diseñada para raspar. El otro extremo del tubo está conectado a una máquina de succión. Una vez que el tubo es insertado, el médico enciende la máquina de succión. La fuerza de la maquina separa el feto y lo saca hacia fuera del útero. Después de completar la succión, el médico puede utilizar una cureta o legra uterina, un instrumento con forma de cuchara con un borde cortante, para remover cualquier tejido fetal restante.

Este procedimiento se puede completar en una sola visita al proveedor del aborto, excepto en los estados donde se requiere un tiempo de espera de 18 a 24 horas. El tiempo de recuperación es aproximadamente una hora, y el tiempo total en la clínica es aproximadamente cuatro horas.

#### RIESGOS DEL ABORTO QUIRÚRGICO

#### Sangrado Abundante:

Un poco de sangrado es normal. Sin embargo, puede ocurrir una hemorragia que pueda requerir una cirugía adicional o una transfusión de sangre.



#### Infección:

En ocasiones, partes del feto no son completamente removidas durante un aborto realizado y una infección se puede desarrollar. La FDA recomienda que cualquier persona que tenga fiebre, debilidad, dolor, náuseas, vómitos o diarrea por más de 24 horas reciba atención médica inmediata. En un pequeño número de casos, la infección puede ser mortal.

#### Daño a los Órganos/Infertilidad:

Los órganos internos pueden ser dañados por los instrumentos de aborto. En estos casos, puede ser necesaria la cirugía para reparar el órgano. Si el útero está gravemente perforado o desgarrado, se puede necesitar una histerectomía.

#### Muerte:

Aunque raras, las complicaciones (sangrado abundante, infección, daño a los órganos, coágulos de sangre y reacciones adversas a la anestesia) pueden ser potencialmente mortales.

#### Depresión:

Los estudios han demostrado que mujeres que han tenido un aborto realizado se encuentran con un 65% más alto de riesgo a depresión clínica que las que no han tenido un aborto realizado.

# Entienda el Aborto Quirúrgico (2<sup>do</sup> y 3<sup>er</sup> trimestre)

#### Dilatación y Evacuación (D y E)

La mayoría de los abortos en el segundo y tercer trimestre son realizados usando este método. El cérvix o cuello del útero es suavizado el día anterior, con el uso de un medicamento colocado en la vagina y/o se extiende utilizando barras absorbentes o manojos hechos de algas (laminaria).

Al día siguiente, el médico inserta un tubo a través del cuello uterino hasta llegar al útero y se aplica succión, ya sea usando un dispositivo intrauterino eléctrico o manual. La succión separa al feto y lo extrae fuera del útero. El médico también puede utilizar fórceps (una herramienta de agarre) y/o una cureta (un instrumento con forma de cuchara con un borde cortante) para ayudar a eliminar las partes restantes del feto.

Después de 16 semanas de gestación, la succión por sí sola no funciona debido al creciente tamaño del feto. En su lugar, el médico utiliza fórceps para separar y extraer el feto, llevando un registro de las partes fetales removidas de manera que no quede ninguna adentro. Por último, una cureta y/o máquina de succión se utiliza para eliminar cualquier tejido restante.

Después de 24 semanas, este método generalmente toma 2-3 días. Para cumplir con la ley federal de prohibición del aborto por nacimiento parcial, el feto debe estar muerto antes de que pueda ser retirado del cuerpo de la mujer. Esto se logra mediante la inyección de medicamentos al corazón del feto, cordón umbilical, o fluido amniótico. El médico utiliza fórceps para separar y extraer el feto, llevando un registro de las partes fetales removidas de manera que no quede ninguna adentro. Por último, una cureta y/o máquina de succión se utiliza para eliminar cualquier tejido restante.



#### Aborto Inducido Médicamente

Este método induce un aborto mediante medicamentos que causan el alumbramiento, por lo general requieren una hospitalización de 10-24 horas. Típicamente, digoxina o cloruro de potasio se inyecta en el corazón del feto, cordón umbilical, o líquido amniótico antes del parto para evitar el alumbramiento de un bebé vivo. El cuello del útero se ablanda y se induce el parto. De vez en cuando, se necesita raspado del útero para extraer la placenta.

#### RIESGOS DE ABORTO EN EL 2<sup>DO</sup> Y 3<sup>ER</sup> TRIMESTRE

Los riesgos de un aborto quirúrgico se describen en la página anterior e incluyen sangrado abundante, daño de órganos, la infertilidad, la infección, y en casos extremos, la muerte. Abortos durante el 2<sup>do</sup> y 3<sup>er</sup> trimestre conllevan un mayor riesgo. El riesgo de un aborto incrementa a las 21 semanas, y como resultado, perder la vida es 100 veces mayor que un aborto realizado a las 8 semanas o menos.



### Conozca Sus Derechos.

Nadie tiene el derecho legal para obligarla a tener un aborto.

Ni sus padres, novio, o marido. Solo usted tiene la última palabra.

También tiene el derecho de cambiar de opinión en cualquier momento, incluso después de haber sido llevado a una sala de examen para iniciar el aborto.

Seguridad del Paciente - Aborto

Es importante saber que recibirá la mejor atención médica.

#### **BUENAS PREGUNTAS:**

- Si algo va mal, ¿a qué hospital voy a ir y que médico me atenderá?
- Si comienzo a sangrar mucho, ¿hay un número de teléfono al que pueda llamar? ¿Qué debo hacer?
- ¿Tiene usted seguro de negligencia médica para protegerme si algo sale mal?
- ¿Ha tenido una demanda contra usted por negligencia?

Nunca compre píldoras abortivas a través del internet. La FDA (Administración de Alimentos y Medicamentos) advierte que estos medicamentos no han sido analizados y pueden ser peligrosos. Píldoras dadas en las clínicas deben ser administradas de acuerdo a las regulaciones de la Administración de Alimentos y Medicamentos. La FDA ha advertido que el uso o los procedimientos fuera de lo indicado pueden ser peligrosos.

#### Seguridad Después del Aborto

Recuerde, si usted tiene algún problema físico después de un aborto, llame a su médico o vaya a la sala de emergencia. Si usted piensa que aún podría estar embarazada, llame a su médico de inmediato. Es de suma importancia asegurarse que su embarazo no sea ectópico (fuera del útero), ya que esto pone en riesgo su vida.



### Considere los Otros Impactos del Aborto.

#### Emocional / Psicológico

Después de un aborto, es posible que al principio sienta un gran alivio. Sin embargo, a más largo plazo, muchas mujeres tienen sentimientos de culpa, aflicción, enojo, y ansiedad. Estos sentimientos pueden llevar a la depresión clínica, el abuso de sustancias, trastornos de alimentación y hasta en pensamientos de suicidio. Hay evidencia científica que indica que los resultados psicológicos negativos tienen más probabilidades de estar asociado con el aborto que llevar un embarazo a término.

#### Relaciones

Muchas parejas piensan que tener un aborto ayudará a mantener su relación. Sin embargo, los estudios muestran todo lo contrario. En realidad las parejas que toman una decisión de abortar tienen un mayor riesgo de terminar en separación.

#### Moral

Muchas mujeres se sienten presionadas e incluso obligadas a tener un aborto por sus seres queridos o por la sociedad. Si usted siente que el aborto viola sus creencias, valores o conciencia, puede correr un mayor riesgo de complicaciones psicológicas después de un aborto. Algunas mujeres sienten que "no tienen derecho a llorar." Las presiones sociales, vergüenza personal y el rechazo público y profesional pueden resultar en la aflicción reprimida. Esto puede conducir a la depresión clínica y otras complicaciones psicológicas que podrían ser graves.



Sólo usted puede decidir la opción más adecuado para usted. Merece tener opciones que reflejan sus valores y deseos más profundos. No tiene que tener un aborto. Usted puede optar por cargar a su bebé a término.

En este momento, puede estar pensando que el tener un bebé será una gran interrupción a las metas que usted tiene. Sin embargo, recuerde que tiene nueve meses para crear un plan adecuado para usted.

**Y usted no está sola.** Hay muchas personas aquí que le ayudarán a lidiar con los desafíos emocionales y prácticos de un embarazo. Nadie le dirá qué hacer. Nadie la juzgará.

Se trata de su cuerpo y su embarazo. Usted es la única que tiene la capacidad y la fortaleza para establecer un plan adecuado para usted.



### Pregúntese:

- ¿Tengo todos los datos para tomar una decisión informada?
- ¿Estoy dispuesta a tomar el tiempo que necesito para hacer la mejor decisión que pueda?
- ¿Me arrepentiré de haber tenido un aborto?
   ¿Me arrepentiré de tener un bebé?
- ¿Cómo me siento cuando leo acerca del desarrollo del feto? ¿Por qué me siento así?
- ¿Cómo me siento cuando leo sobre los procedimientos y los riesgos de aborto?
   ¿Por qué me siento así?
- ¿Cuál es la razón de las personas que me están presionando a tomar una decisión de aborto?
- ¿Cuál es mi próximo paso?





# Vea su situación desde otra perspectiva.

**DESE OPCIONES.** Tome las decisiones que la hagan sentirse bien. Hay varios factores en tomar una decisión respecto a su embarazo (la presión que siente, la realidad del embarazo, el aborto y sus efectos en usted). Considere cada factor independientemente. Escriba sus pensamientos y sus sentimientos.

Si usted siente que su corazón le está diciendo que continúe con el embarazo, pero su cabeza le dice que no es posible, hable con una consejera de embarazo. Puede haber maneras de lidiar con su situación de una forma que nunca se ha imaginado.

Llame al 1-877-908-2341 o visítenos en womenscarecenter.org.



## Why Do We Need to Exercise?

#### **Learning Objectives**

- 1. To help parents understand the value of exercise to their overall health and that of their children.
- 2. Exercise can improve your mood and help you relax.
- 3. Because exercise delivers oxygen and nutrients to your system, it boosts your energy and makes your heart work more efficiently.
- 4. Exercise also promotes the release of hormones that help you sleep better at night and awake feeling energized.
- 5. There are many ways to incorporate exercise into your life and set a good example for your children to follow.

#### **Discussion Questions**

- 1. Do you have an exercise routine? If so, what is it? Invite class members to give examples of how they incorporate exercise into their lives.
- 2. What are some ways you can make sure your children (both preschool and school-age) are learning fun ways to exercise at home and on weekends?





#### Why Do We Need to Exercise?

#### **Background Information:**

An estimated one in five American children is overweight, according to the National Institutes of Health. Being obese increases a child's risk for several serious childhood medical problems, including diabetes, heart disease, sleep apnea, and psychological disorders. And, in addition to childhood health risks, studies have found overweight kids are at greater risk of becoming obese adults, with all the health problems associated with obesity lasting through their life span. Eating healthier meals and exercising as a family can improve every family member's short and long-term health.

Excessive "screen time" has been identified as a direct cause of obesity in children, because it replaces physical activity, slows metabolism, and increases eating.

Like adults, children should be physically active most, if not every, day of the week. The average adult needs 2.5 hours of exercise a week, but health experts suggest at least 60 minutes of moderate physical activity daily for children. Running, bicycling, jumping rope, dancing, and playing basketball or soccer are good ways for them to be active.

What other active sports or activities can children engage in?



#### Why Do We Need to Exercise?

- 1. CONTROLS WEIGHT. Exercise boosts your metabolism as well as burns calories.
- FIGHTS DISEASE AND OTHER HEALTH CONDITIONS. Exercise increases blood flow throughout the body, which will help circulate disease-fighting cells.
- **3. IMPROVES MOOD.** This stimulates the release hormones and chemicals that help you feel happier and relaxed.
- **4. BOOSTS ENERGY.** Delivers oxygen and other nutrients to the cardiovascular system, helping your heart to work more efficiently.
- **5. BETTER SLEEP.** Exercise also promotes the release of hormones and chemicals that help you sleep at night. (2014 Mayo Foundation for Medical Education and Research)

Parents need to engage in regular physical activity, not only for their own health, but for their children's health as well. It is important to help your children develop the habit of regular physical exercise. Children learn by example. Let your children know that you enjoy exercising because it's an important part of a healthy lifestyle, and it helps make you look and feel better about yourself.

It can be difficult for parents to fit exercise into their family's busy schedules. With a little planning and creativity, however, you can find ways to exercise alone, with a friend, and with your children.

**NOTE FOR TEACHERS:** Listed are some suggestions. Encourage additional suggestions from class members. If possible, demonstrate some of these moves or ask for a volunteer or two. Bring along some lively music and have everyone stand up and dance. If children are present, involve them as well.



#### **Simple Ways to Incorporate Exercise into Your Life**

- Break it up into 10-15 minute increments.
- Cleaning the House. Play some music and dance around the house while you wipe down
  counters or fold laundry. If you have things that need to be brought to other rooms, take one
  item at a time.
- **Cooking.** You can also dance around when cooking dinner. Grab just one ingredient at a time. Exaggerate stretches when reaching for an item stored up high.
- While a pot is boiling or you have something in the microwave, do counter pushups, lunges, squats or jumping jacks in the few minutes that you have to wait.
- **Play Games.** Make up games or play games that involve moving around. Games like Twister or Wii *Just Dance* are perfect examples. Not only is this good exercise for you, but also your kids will love it.
- Dance Party. Play a few of your favorite songs and just dance.
- **Watch TV.** Jog in place, do crunches or pushups during commercial breaks. Sometimes these are as long as five minutes. If you did some form of exercise during this time, you could achieve your 30 minutes in only a few shows. You can also do some exercises during the show.
- Talk on the Phone. Walk and talk.
- **Go Outside.** We all want to encourage our kids to go outside and be more active, but the best way to do this is if you go outside and have some fun with your kids. Don't call it "exercise." Instead, promote "playtime" and encourage activities that are fun and physical, such as jumping rope, playing catch, tag or Hide-and-Seek. In snowy weather, build a snowman or a snow fort with your kids.
- Participate in **community fitness events,** such as charity walks or fun-runs.
- Take the Stairs. Whenever you are given an option of the stairs vs. escalator/elevator, take the stairs and burn some calories.



#### Simple Ways to Incorporate Exercise into Your Life (continued)

- **Take the Scenic Route.** When you are grocery shopping or walking around the mall, take the long route between grocery items and stores. **Work while you wait.** If you arrive somewhere early and have some time, instead of checking your phone or reading a magazine, do something active. Park the car and take a walk around the park if you are waiting for your kids to finish soccer practice.
- **Park Far Away.** Instead of looking for the closest spot in the lot, choose to park far away. You can add a few minutes of brisk walking that you otherwise would have missed out on.
- **Do Outside Chores the Fun Way.** Help shovel snow. Try raking leaves and jumping in the piles. Have a water fight while washing the car. Pretend you're digging for treasure while gardening.
- · Walk or Bike to Work.
- **Stand Up and Work.** Standing burns more calories than sitting does. Look for ways to get out of your chair.
- **Keep Fitness Gear at Work.** Store resistance bands or small hand weights in a drawer or cabinet. Do arm curls between tasks.
- Walk on Your Lunch Break. Instead of sitting down for an hour, use part of that time to go for a walk or climb the stairs. This goes for breaks as well.
- **Do Isolation Exercises at Your Desk or in the Car.** You can flex your abdomen, do glute contractions, or flex and relax your biceps.
- **Do Shoulder Shrugs.** Release tension in your neck by lifting your shoulders toward you ears and holding for ten seconds, then release.

What other ideas do class members have for adding exercise to their lives?

**Handout: Simple Ways to Get Moving** 



#### **Simple Ways to Get Moving**

- **Cleaning the House.** Play some music and dance around the house while you wipe down counters or fold laundry. If you have things that need to be brought to other rooms, take one item at a time.
- **Cooking.** You can also dance around when cooking dinner. Grab just one ingredient at a time. Exaggerate stretches when reaching for an item stored up high.
- While a pot is boiling or you have something in the microwave, do counter pushups, lunges, squats or jumping jacks in the few minutes that you have to wait.
- **Playing Games.** Make up games or play games that involve moving around. Games like Twister or Wii *Just Dance* are perfect examples. Not only is this good exercise for you, but also your kids will love it.
- **Dance Party.** Play a few of your favorite songs and just dance.
- **Watching TV.** Jog in place, do crunches or pushups during commercial breaks. Sometimes these are as long as five minutes. If you did some form of exercise during this time, you could achieve your 30 minutes in only a few shows. You can also do some exercises during the show.
- Talking on the Phone. Walk and talk.

#### While you are out:

- **Go Outside.** We all want to encourage our kids to go outside and be more active, but the best way to do this is if you go outside and have some fun with your kids. Don't call it "exercise." Instead, promote "playtime" and encourage activities that are fun and physical, such as jumping rope, playing catch, tag or Hide-and-Seek. In snowy weather, build a snowman or a snow fort with your kids.
- Participate in community fitness events, such as charity walks or fun-runs.



#### Simple Ways to Get Moving (continued)

- Take the Stairs. Whenever you are given an option of the stairs vs. escalator/elevator, take the stairs and burn some calories.
- Take the Scenic Route. When you are grocery shopping or walking around the mall, take the long route between grocery items and stores.
- **Work While You Wait.** If you arrive somewhere early and have some time, instead of checking your phone or reading a magazine, do something active. Park the car and take a walk around the park if you are waiting for your kids to finish soccer practice.
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- **Do Shoulder Shrugs.** Release tension in your neck by lifting your shoulders toward your ears and holding for ten seconds, then release.



## Ways to Love Your Child

#### **Learning Objectives**

- 1. Family life is hectic and the time we have with our children goes by fast. Life is in the details of daily living.
- 2. Parents must first love themselves enough to stay healthy and make good life choices.
- 3. The little things you do on a daily basis to make your children feel happy, loved, accepted, and appreciated will make a positive difference in the kind of people they grow up to be.
- 4. Think about ways that you show love for your child now. Listen to some new ideas.
- 5. Discuss family activities and traditions that you have now, and pick out some that you plan to start.

#### **Discussion Questions**

- 1. What does this quote mean to you: "Enjoy the little things, for one day you may look back and realize they were the big things." Robert Brault
- 2. Why is it important that parents love themselves first, before they can show love for their children?
- 3. How do you show love for your child in little ways?
- 4. What are some family activities you can try?
- 5. What are some family traditions you can start?



(The following information for teachers may also be used as a handout for parents to take home.)



#### **Ways to Love Your Child**

"Enjoy the little things, for one day you may look back and realize they were the big things."

— Robert Brault

#### **Background Information for Teachers**

Life is in the details. Small things can mean so much more than one big show of love. When you connect the dots between all these little joys, life is better and happier for both you and your child.

We must nurture our children. A parent's love and care determine how a child grows up and how a child will eventually parent. Adults can nurture children's positive self-esteem by helping them discover what they are good at doing. Part of a child's self-esteem comes from feeling competent and skilled at something they enjoy. By creating opportunities for children to explore different objects, activities, and people...and nurturing those interests...you can play a big role in helping children to succeed and to feel good about themselves.

The early years are when children show personality traits and preferences for what they like and dislike. By validating each child's personality and the choices they make, you nurture their positive feelings about themselves. Try to plan family activities with each child's unique personality styles in mind.

#### Love yourself first. How do you love yourself?

If you love yourself, you will be much more likely to love your child. Stay away from drugs, alcohol and tobacco. Eat a healthy, well-balanced diet, drink plenty of fluids and check with your doctor on exercises you can be doing.

#### How do you love your child? Examples:

- 1. Take your child to the library for story time.
- 2. Build a fort and read favorite books by flashlight.
- 3. Snuggle with your child before bedtime.
- 4. If you have child care or your child is in day care: Get a daily report of your child's behavior, sleep patterns, what they did or did not do, what they ate or didn't eat. How many diapers did they go through, etc. Have an open and close relationship with the person who cares for your child.
- 5. If possible, volunteer to help with a field trip or show up at your child's school every once in a while.
- 6. Have a picnic for lunch on a sunny day or make a snowman on a winter day.
- 7. Take a sincere interest in your child's day (ask about it and really LISTEN!).
- 8. Keep a chart on the refrigerator that has details of daily schedules, behaviors, etc. A sticker system or check mark system is fairly easy.
- 9. Create family traditions, activities that you do on a regular basis that the whole family takes part in and looks forward to.

Handout: Ways to Love Your Child



#### 25 Ways to Show Love to Your Children

- 1. Spend time alone with each of your children. Go out to lunch, take a leisurely walk, or just hang out together letting them know you value them as individuals.
- Nurture self-esteem and self-confidence by praising good effort and a job well done, not just results.
- 3. Celebrate everyday accomplishments. Make a special dinner with your child as the guest of honor to toast losing a tooth, making the soccer team, getting an "A" on a science paper, and more.
- 4. Teach children to think positive by being positive. Instead of noting how dirty they are when they come in for dinner, say, "Looks like you had a great time!"
- 5. Read to your kids even if it's late and you're tired. And don't forget to read to older children who already know how to read themselves.
- 6. Get out the photo albums and their baby books, and tell your children stories about their beginnings.
- 7. Remind them of something they've taught you.
- 8. Tell them how wonderful it is being their parent and how much you like the way they're growing up.
- 9. Let your children choose their own clothes. It shows you respect their decision-making ability.
- 10. Get messy with your kids: Make snow angels, put your hands in the finger-paint, and mush up that clay.
- 11. Get to know their schedules, friends, and teachers so you can ask, "Did you and Sam sit together at lunch today?" or "What did you sing in music class?" instead of simply, "What did you do today?"
- 12. Stop washing the dishes or talking on the phone, and really listen when they are talking to you.
- 13. Teach your children to hula hoop, use a yo-yo, knit, or do something you loved as a child.
- 14. Bend the rules now and then. Let your children put on their boots and jump in the puddles that you usually tell them to avoid.
- 15. Eat dinner together as often as possible. Take turns sharing your day.
- 16. Cut their sandwiches into shapes with cookie cutter hearts and stars.



#### 25 Ways to Show Love to Your Children (continued)

- 17. Slip little love notes, poems, and words of encouragement into your children's lunchboxes, backpacks or pockets just to let them know you're thinking about them all day long.
- 18. Let your children overhear you complimenting them to someone else.
- 19. Wear the "jewelry" your children make for you and display their artwork proudly in a special, visible place.
- 20. Try not to do all the things your parents did that you vowed never to do to your children.
- 21. Instead of saying, "You're doing it wrong," when your child makes a mistake, try saying "Why don't you try it this way?"
- 22. Create a secret word, sign or gesture of affection that only you and your child share.
- 23. Remember to give your children a lasting gift: **roots and wings.** If they push for independence, take it as the sign of a job well done.
- 24. Forget about yesterday. Start each day fresh.
- 25. Hug them, kiss them, and say, "I love you" every day, no matter what. Kids thrive on it and it's a daily fix we all need no matter what our age!



## **Toilet Training**

#### **Learning Objectives**

- 1. This class is designed for parents who are thinking about toilet training their child and want to learn more about how to do it successfully.
- 2. There is no "one-size-fits-all" age for being ready to start potty training your child, but there are some signs to watch for.
- 3. Every child is different and what works for one child may not work for another. So relax, focus on your child, familiarize yourself with the information, and enjoy this new stage in your child's life.

#### **Discussion Questions**

- 1. Who has potty trained a child recently? How did it go?
- 2. Do you have any suggestions about what worked for you?
- 3. Is there anything you would have done differently?

#### Information for teachers:

There's no magic age for being ready to start learning to use the potty. Most toddlers develop the necessary physical and mental skills between 18 and 24 months, while some children aren't ready until closer to age three or even four.

Parents need to keep an eye out for physical and emotional signs that their toddler might be ready to give it a try.





#### **Toilet Training**

#### Some Questions for Parents to Ask Themselves

- Does your child show interest in other's bathroom habits perhaps wants to watch you go to the bathroom or wear underwear?
- Can your child follow simple instructions, such as "go get the toy?"
- Does your child show physical or verbal signs that he's having a bowel movement, such as grunting, squatting or telling you?
- Does he or she have "dry" periods of at least two hours during the day or during naps? (This shows that his bladder muscles are developed enough to hold urine.)
- Does your child dislike the feeling of wearing a wet or dirty diaper?
- · Can your child pull his pants up and down?
- · Is your child able to walk and climb onto things?
- Does he have words for urine and bowel movements?
   (If not, think about what words you will use with him.)
- Can he sit down quietly in one position for two to five minutes?
- Is your child in a generally cooperative stage, not a negative or contrary one?
   (If your toddler is facing changes such as a new babysitter, a new sibling or a move to a new house, you may want to wait until his life becomes more predictable to start potty training.)

Also, it is important to know that once you do start, and have been trying for several weeks without success, that's a sign your toddler is <u>not</u> ready. Wait a few more weeks — or until you see a few more signs — and try again.

#### Making a plan

Before you even buy your toddler a potty seat, it's important to have a plan for the training process itself. Decide when and how you want to start. Will you keep your child in diapers or use underwear? Will you use a potty chair or toilet-top potty seat? How will you handle accidents? When will you back off? And what about rewards for success?

Keep in mind that as with most developmental milestones, your toddler may make initial progress only to regress at one or more points along the way. That is normal. Make sure everyone who cares for the child sticks to it. *Encouragement and consistency are important!* 

Use the information on the following handout to introduce and discuss the topic.

Advice from Real Mothers can be shared with the class if time permits or used as another handout.



#### **Tips for Successful Potty Training**

Potty training success hinges on physical and emotional readiness, not a specific age. If you start potty training too early, it might take longer to train your child. Is your child ready? Ask yourself these questions:

- Does your child seem interested in the potty chair or toilet, or in wearing underwear?
- Can your child understand and follow basic directions?
- Does your child tell you through words, facial expressions or posture when he or she needs to go?
- Does your child stay dry for periods of two hours or longer during the day?
- Does your child complain about wet or dirty diapers?
- Can your child pull down his or her pants and pull them up again?
- Will your child sit on the potty chair for five minutes or so?

If you answered mostly *yes*, your child might be ready for potty training. If you answered mostly *no*, you might want to wait awhile — especially if your child is facing a major change, such as a move or the arrival of a new sibling. Wait a few months until his life is more predictable.

When you decide it's time to begin potty training, start by maintaining a sense of humor and a positive attitude. Then follow these practical steps:

#### Set up the equipment

Place a potty chair in the bathroom. Encourage your child to try out the potty chair — with or without a diaper. Make sure your child's feet rest firmly on the floor or a stool. Help your child understand how to talk about the bathroom using simple, correct terms. You might dump the contents of a dirty diaper into the potty chair to show its purpose, or let your child see family members using the toilet.

#### Schedule potty breaks

If your child is interested, have him or her sit on the potty chair or toilet without a diaper for a few minutes, several times a day. For boys, it is often best to master urination sitting down, and then move to standing up after bowel training is complete. Stay with your child at first. Even if your child simply sits there, offer praise for trying — and remind your child that he or she can try again later.



#### **Tips for Successful Potty Training** (continued)

#### Get there — fast!

When you notice signs that your child might need to use the toilet — such as squirming, squatting or holding himself — *respond quickly*. Help your child become familiar with the signals and learn to stop what he's doing and head to the toilet. Teach girls to wipe carefully from front to back. When it's time to flush, let your child do it, and be sure to get your child in the habit of washing hands after each use.

#### **Consider incentives**

Reinforce your child's effort with verbal praise, such as "How exciting! You're learning to use the toilet just like big kids do!" Be positive even if a trip to the toilet isn't successful. Use simple verbal encouragement unless your child is very resistant or has a setback. In that case, some kids respond to stickers or stars on a chart. For others, trips to the park or extra bedtime stories are effective.

#### Ditch the diapers

After a week or two of successful potty breaks, your child should be ready to trade diapers for regular underwear. Celebrate! Let your child select "big kid" underwear. (Once your child is wearing regular underwear, avoid overalls, belts, leotards or other items that could hinder quick undressing.)

#### Nighttime control

Most children master daytime bladder control first, often within about two to three months of consistent toilet training. Nap and nighttime training might take months more or longer. In the meantime, use disposable training pants or a plastic mattress cover when your child sleeps. Make sure they use the bathroom right before bed.

#### Here's help preventing — and handling — wet pants:

- OFFER REMINDERS. Accidents often happen when kids are absorbed in activities that are more interesting than using the toilet. They need reminders from you. Start with every two hours during the day and adjust as needed.
- STAY CALM. Kids don't have accidents to irritate their parents. If your child has an accident, don't add to the embarrassment by scolding or disciplining your child. Just say something like, "You forgot this time. Next time you'll get to the bathroom sooner."
- **BE PREPARED.** For a child who has frequent accidents, keep a change of underwear and clothing handy, especially at school or in childcare.



#### **Advice from Real Moms**

"Read books or rent videos about going on the potty. The local libraries have plenty of them."

"Absolutely NO PULL UPS. They feel like diapers. Let them soil themselves for a few days. They typically do not like it and will get the idea sooner."

"With my daughter, I had her wear nothing under dresses at home because that felt so different. Sometimes underwear, if tight, feels like a diaper. Boys could wear loose pants or shorts without underwear."

"If kids fight you and it is a struggle, stop and try again in a week or so."

"Let big siblings help. My daughter used to sit and look at books with her younger brother while he was potty training. It really helped him sit there."

"I did not go out a lot while potty training my kids, and it was easier in the summer because we were outside and wore less clothing."

"You might want to try a model with a removable top that can be placed directly on the toilet, so he can experience both ways of using the toilet for those times when no potty chair is available."

"Try to start when you are able to concentrate on it for a few days. Give them plenty to drink and take them to the bathroom every half hour or so."

"We tried not to reward with treats, stickers, etc. — just with lots of praise, high fives and hugs and kisses."

"Patience is key. Every child is different. Some will be quick and easy, and some more difficult. Stay positive despite the mess and frustration. Hope this is helpful."

"Getting ready for a bath is a good time to put your child on the potty. The sound of the water will often initiate the let-down reflex."

"Little boys might prefer sitting facing the back of the big toilet. It makes it a little easier for them to climb up on."



# Seven Tips for Practicing Positive Discipline

#### **Learning Objectives**

- 1. Parents need to remember that children always have a reason for misbehaving. Our job is to find out what that reason is.
- 2. Parents should try to model the kind of behavior they want their children to have. Be polite and respectful toward your child.
- 3. Children respond better to parents who are clear and consistent in their expectations.
- 4. Learn how to use positive attention and encouragement to improve your child's behavior.

#### **Discussion Questions**

- 1. Why do children misbehave?
- 2. Are you ever frustrated with your child's behavior?
- 3. What are some discipline methods that have worked for you?
- 4. What doesn't work for you?

(The following information for teachers may also be used as a handout for parents to take home.)





#### **Seven Tips for Practicing Positive Discipline**

It's the ultimate do-as-I-say-and-not-as-I-do parenting moment: your preschooler throws a fit because there are blueberries in her pancake—and she *didn't want* blueberries in her pancake! What do you do next? You do not have to enter into a disciplinary contest in which there will be no winners—only hurt feelings, sore throats and soaring blood pressure. Parenting doesn't have to be a battle. Proponents of positive discipline teach that kids can—*and will*—behave without threats, bribes, yelling and physical punishment. Here are seven tips that will set you on the path to better behavior—and a stronger, more peaceful connection with your child.

- 1. UNDERSTAND THE MEANING BEHIND THE BEHAVIOR. Children want to behave well; if they seem to miss the mark, it's not without a valid reason. The most important thing is to realize that whatever a child does, even things we may label as bad, the child is doing the best he can. It's our job as parents to find out why he is doing it. Once we know the root of the behavior, we can easily remove the cause or heal the emotions, and the child won't need to behave in that way anymore. Ask yourself: is your child hitting her sibling in a bid for your attention? Maybe you stayed on the phone too long or ignored her as you rushed to get dinner on the table? If so, what correction can you make to your own behavior that will satisfy your child's need?
- 2. FOCUS ON CONTROLLING YOURSELF—NOT YOUR CHILD. It's often hard to keep cool in the heat of the moment, but parents need to model the types of behavior they want their children to copy. Remember, yelling leads to more yelling and hitting leads to more hitting. We should not do anything in front of our children that we don't want them to do. In the case of an extreme behavioral flare-up, this may mean counting to 10, taking a deep breath or simply walking away until you've had time to collect yourself.
- 3. BE CONSISTENT WITH YOUR EXPECTATIONS. Parents often overlook a certain behavior in the hope that it will pass. But it usually doesn't. If your child bites another child, for instance, you should hold her arm and tell her that the behavior is not acceptable. If she continues, then it is time to remove her from the situation. Sometimes a child might try to test the limits by arguing with the rules. When this happens, neutralize the situation by repeating: "I love you too much to argue."



- 4. GIVE ATTENTION TO THE BEHAVIOR YOU LIKE—NOT THE BEHAVIOR YOU DON'T.

  Children often act up because they want your attention, so it pays to ignore those actions of which you don't want to see more. Tantrums and whining? Play deaf or walk away, and your child will quickly learn that there's a better way to communicate.
- **5. REDIRECT, REDIRECT.** Kids who hear "No" or "Don't" all the time tend to tune those words out. So instead of telling your child what *not* to do, offer a positive behavior to replace the misbehavior. For instance, a child acting up at the grocery store could be enlisted to help pick out oranges or rearrange the items in a grocery cart.
- **6. EXPLOIT THE "ENERGY DRAIN."** Any parent who's been in the trenches knows how tiring it is when a child acts up—but did you know that fatigue can be used to your advantage with older kids? For instance, you might defuse a sibling confrontation by saying, "Wow, you need to take that fight with your brother somewhere else, because listening to that could cause me a big energy drain, and I don't think I'll have the energy to take you to the park after dinner."
- an outing, but don't do it. Offering a child a reward sends the wrong message; what kids hear is "Behave and I will pay you off!" Instead, give your child some quality time with you. Quality time is key to a happy, well-behaved child. Positive discipline experts recommend that each parent spend at least 15 minutes one-on-one time connecting with a child every day. Do something your child wants to do during that time. Then tell her how wonderful she is and how much you love her ... It's the best investment you can make in your child.



## **Home Safety**

#### **Learning Objectives**

- 1. As parents, we need to be prepared for emergencies in our homes, especially for those involving our children who usually do not have the experience, knowledge or ability to make quick decisions when time is of the essence.
- 2. Children need to be taught basic safety rules from an early age, such as how to behave around pets, what to do in case of an emergency, staying away from electric sources, and what to do if they find matches, lighters or guns in the house.
- 3. Parents need to take responsibility for their children's safety by keeping close watch on them at all times, making sure they do not have access to toxic or dangerous substances, and making sure all possible safety measures (locks, smoke alarms, gates and other child-safety items) are in place and functioning at all times.
- 4. Parents need to know how to provide a safe sleeping environment for infants and children in order to prevent SIDS and accidental suffocation.

#### **Discussion Questions**

- 1. What are your biggest concerns about your children's safety at home?
- 2. What are some of the precautions you have taken to keep your children safe in your home?

(The following information for teachers may also be used as a handout for parents to take home.)





#### **Home Safety**

#### **Background Information for Teachers**

- 1. **BE PREPARED FOR AN EMERGENCY.** It is smart to learn CPR and the Heimlich maneuver. Assemble a first aid kit. Keep phone numbers near your phone for poison control, your pediatrician, your work/cellphone and a neighbor or nearby relative. And as soon as your child is old enough to know her name and address, teach her to dial 9-1-1 to call for help in an emergency.
- 2. **KEEP CHILDREN SAFE AROUND PETS.** Pets bite more than 155,000 children in America every year, mostly at home. Never leave your babies and toddlers alone with your pet. Neuter your pet to help decrease aggression. Do not play rough games or wrestle with your dog. Teach children not to approach your dog when he is eating. Never try to take a toy, bone or treat away from a pet. Warn your child to stay away from any animal that is caring for its young, growling, showing its teeth or acting strangely.
- 3. TO AVOID ACCIDENTAL FALLS, MAKE SURE WINDOWS AND SCREENS ARE LOCKED, IN PLACE, AND IN GOOD CONDITION. Accidental falls are one of the most common injuries to children. Never let your baby/young toddler sit on a bed or counter unattended. Keep stairs and hallways clear and free of clutter that could cause a child to trip and take a tumble, and install gates to block a toddler's access to the stairs. Keep windows locked and screens in place. Keep young children from wandering out the front door by keeping it locked. It's a smart habit.
- 4. INSTALL SAFETY ALARMS AND HAVE A FIRE ESCAPE PLAN IN PLACE. Two-thirds of home fires that kill young children occur in homes without a working fire alarm. Make sure you have smoke and carbon monoxide detectors in place. Install a smoke alarm on every level of your house. Test the alarms frequently and change the batteries every year. When a fire breaks out, you only have seconds to escape the heat, smoke and deadly gases. Make sure your children are familiar with the sound of the fire alarm. Have a fire escape plan that you can discuss, even with your youngest child, and arrange a family meeting place outside if the alarm does go off. Have a meeting place identified. Do home fire drills. Do it... don't just say it. Children learn by doing and by following your example. Make a game of practicing a fast escape from each room of your house, especially at night when the most serious fires occur. Know two ways out. Use a stopwatch and wait until everyone has gathered at your family's designated meeting place before you stop the timer. Work together to set a family record.
- 5. KEEP SMALL ITEMS OUT OF THE REACH OF YOUNG CHILDREN. Many injuries occur when children are unable to breathe, because they are choking on food or other small objects. Most choking injuries occur with food, so cut your baby's meals and snacks into bite-sized pieces. Babies can choke on small candies, nuts, hotdogs, grapes, carrots and popcorn, so keep these foods out of their reach. Make sure small household items, such as coins, buttons, jewelry, small balls and pins, are stored away from a child's reach. Don't select toys with small parts. Look for labeling on toys with small parts that warn they are not safe for children under 3 years old. Keep purses that contain small items out of reach.



#### **Home Safety** (continued)

- 6. COVER ELECTRICAL OUTLETS. Electrical shock causes many deaths and injuries each year. Cover unused electrical sockets with plastic covers. Keep young children away from electrical appliances. Teach kids to respect electricity as early as possible. Do not use a hair dryer or electrical appliance near water. Electricity is also a common cause of fires. If you notice unusual odors, flickering lights or unusual power surges, have an electrician inspect your house and make sure the wiring is safe.
- 7. PREVENT SUFFOCATION FOR BABIES AND OLDER CHILDREN. Suffocation is a leading cause of infant death, so be vigilant. Keep your baby's sleeping areas safe. Keep your baby's crib as bare as possible. Don't put pillows, comforters, bumper pads or stuffed animals in her bed. As the weather get cooler, dress your baby in warmer pajamas instead of adding blankets, or consider using sleep sacks. As children get older, watch out for other suffocation hazards. Remove lids or locks from furniture or trunks to prevent a child from climbing inside and finding it cannot be opened from the inside. Remove doors from old refrigerators or freezers. Keep plastic sacks, such as dry cleaning bags, out of reach. Lock the car and keep car keys hidden.
- **8. GUNS MUST BE UNLOADED AND LOCKED AWAY.** Talking with children about the dangers of guns is extremely important, especially if your child comes into contact with a gun in someone else's home. Teach them the safe response if they see a gun: "Stop! Don't touch! Tell an adult! Leave the area!"
- 9. KEEP CLEANING SUPPLIES AND OTHER DANGERS AWAY FROM CHILDREN. From detergent to deodorant, many household products are potentially poisonous to kids. To childproof your house, think like a child, even getting down on your hands and knees to see what your child sees. Be sure to install cabinet guards on cabinets where cleaners and chemicals are stored. If there are certain rooms that aren't childproofed, like a workshop or a hobby room, keep the door closed and install a doorknob cover or childproof lock. Even cabinets that are high up need a lock, because curious kids might climb up to see what's inside. Be sure and keep lighters and matches away from small children. If an accident occurs and you find your child holding a half-used bottle of detergent, contact the Poison Control immediately.
- 10. NEVER LEAVE CHILDREN ALONE NEAR WATER. Splashing around in the water at bath time is fun for children, but water is a great hazard. Drowning can occur in less than an inch of water, making bathtubs, sinks, pools and even buckets a source of great danger. Never leave a child alone near water, even for a few seconds. If the phone or doorbell rings while your baby or young child is in the bathtub, pick him up, wrap him in a towel and take him with you. If you leave your baby with a caregiver, make sure he or she knows your safety rules. Backyard pools, hot tubs or fishponds can be dangerous. Make sure you have a fence around the pool or pond to keep young children from venturing where they shouldn't, and consider an alarm system on doors leading out to the pool area. Hot tubs should be covered when they are not in use.

**Handout: Home Safety** 



## **Home Safety**

Home is where children grow and learn, and where they find comfort, love and care. It's also a place where children need to be kept safe. However, home injuries are a leading cause of accidental death for children in America. Here is how we can help our family members be safe at home.

- 1. Be prepared for emergencies. Have a first aid kit handy and keep important information in a prominent place. Teach your child his name, address and how to dial **9-1-1** in the event of an emergency.
- 2. Keep children safe around family and neighborhood pets.
- To avoid accidental falls, never leave your baby on a bed or counter unattended. Also, install gates at the top and bottom of stairs before your child starts to crawl, and make sure your windows and screens are locked and in good condition.
- 4. Have working smoke and carbon monoxide detectors on each floor of your home. Have a family escape plan in case of fire.
- 5. To avoid choking, keep small items out of a young child's reach and cut finger foods into small pieces.
- 6. Protect your family members from electrical shocks. Cover electrical outlets.
- 7. Beware of suffocation risks such as SIDS, accidental confinement in an area without enough oxygen, and accidental strangulation. It is important to keep cribs as bare as possible, keep cars locked and childproof your home as suffocation is the leading cause of infant death.
- 8. Guns must be unloaded and locked up. Teach your child what to do if they see an unattended gun in your home or anywhere else.
- 9. Keep all toxic, poisonous or potentially dangerous substances away from children, preferably in a locked cabinet or high above their ability to reach. This includes alcoholic beverages, matches and lighters, cleaning products, pesticides, motor oil, gasoline and other automotive products, art supplies, and all medications.
- 10. Never leave children alone in a bathtub, pool or hot tub.



## Gratitude

#### **Learning Objectives**

- 1. This class is designed to help parents find the simple pleasures and the things in their lives that bring true happiness.
- 2. With positive reflection and practicing gratitude, our moms and dads will find more positive energy to be the best parents possible.
- 3. Not just at Thanksgiving, but every day is a perfect time to reflect on all of our "gifts."

#### **Discussion Questions**

- 1. For what are you grateful in your life?
- 2. Besides your family, your children, and your home, what are some of the other things that bring you joy? A beautiful sunset, running into an old friend, singing along to a favorite song, Christmas lights?
- 3. What can we do on a daily basis to bring happiness to our life and family?

(The following information for teachers may also be used as a handout for parents to take home.)





#### **Gratitude**

#### Information for Teachers:

#### True happiness comes when we:

- 1) Focus on what is good in our lives instead of what's bad; what is going right instead of what is going wrong.
- 2) Cultivate optimism through imagining the best possible future for yourself and write these ideas down in a journal.
- 3) Practice acts on kindness, doing good things for others.
- 4) Have friends that bring you happiness on a daily basis. If you find that those in your circle of friends are always negative, draining your time and energy, or getting you into trouble, reassess your friends. Uplifting friends will add joy and happiness to your life.
- 5) Get involved in activities that truly engage you. Increase the number of experiences at home and work which you truly enjoy and which might be more challenging and absorbing.
- 6) Take care of your body. Engage in regular physical activity or sports. "Exercise is the single best thing you can do for your brain in terms of mood, memory, and learning," says Harvard Medical School psychiatrist John Ratey. Just 15 minutes a day will make a big difference in your life. Small changes, like taking the stairs instead of the elevator, can add up.
- 7) Take care of your soul and mind. Get involved in your church. A recent Gallup survey shows that regular churchgoers are much happier than those who don't attend church. Pray or meditate daily. Improve your mind by learning a new skill or joining a book club.
- 8) Be the best person you can be today, and do your best not to worry about tomorrow. Worrying will not change the outcome of tomorrow.

Handout: 5 Habits that Will Improve Your Health and Happiness



## 5 Habits that Will Improve Your Health and Happiness

- 1) THE THREE GRATITUDES. Every day make a list of three new things for which you are grateful. Stay with it. It gets harder, but you will be surprised at the joyful moments we sometimes take for granted.
- **2) TWO-MINUTE JOURNALING.** Take two minutes to write about a positive experience, no matter how small.
- **3) HAVE 15 MINUTES OF FUN.** Set aside 15 minutes each day for a fun, mindful activity, such as taking a walk with a loved one or reading a good book.
- **4) MAKE TIME FOR QUIET.** Relax in a quiet spot and pray or meditate for two minutes each day. Be thankful for your blessings.
- 5) **REACH OUT.** Write and send a two-minute positive email praising or thanking someone in your social circle.

Practice the above for 21 days and you will be happier on a daily basis!



## **Early Brain Development**

#### **Learning Objectives**

- 1. To help parents understand that their child's brain is ready to learn right from birth, and that the first three years of life are a critical time for optimum brain development.
- 2. Neuroscientists have found that the experiences of a baby's first days, months and years have a crucial impact on how his brain will develop during his lifetime.
- 3. There are important elements that parents can provide and things they can do to help a child grow and develop to his or her full potential.

#### **Discussion Questions**

- 1. Which is more important in a child's development, the genes he was born with or how his parents raise him?
- 2. When can parents begin to help their infants develop an awareness of the world around them?
- 3. What can parents do to provide a stimulating environment so that their child will thrive socially, physically and cognitively from an early age?





#### **Early Brain Development**

#### **Background Information for Teachers:**

Research shows that during the first three years of a baby's life, the brain grows and develops significantly and patterns of thinking and responding are established. This means that parents have a very special opportunity to help their baby develop appropriately and thrive socially, physically, and cognitively throughout her life.

Neuroscientists have learned that the experiences that fill a baby's first days, months and years have a great impact on how the brain develops. While genetics does play a role in determining your child's skills and abilities, new research highlights the equally significant role that environment plays. Both nature and nurture work hand in hand in the development of young children.

#### Important elements that must be present in the early stages of life for the child to grow and develop to his full potential:

- A child needs to feel special, loved and valued.
- She needs to feel safe.
- She needs to feel confident about what to expect from her environment.
- She needs a balanced experience of freedom and limits.
- She needs to be exposed to a diverse environment filled with rich language, play, age-appropriate toys, time for exploration, books to be read to her, music and art experiences.

During the first three years of a child's life, her brain has the greatest potential for learning. Patterns of thinking, responding and solving problems are established.

There are many things parents can do on a daily basis to help develop brain development right from the start.

Handout: 10 Ways to Build Your Baby's Brain Power



#### 10 Ways to Build Your Baby's Brain Power

- 1. Give your baby a physically healthy start before he is born. Stay healthy while you are pregnant, and be aware that cigarettes, alcohol and certain drugs can be destructive to your baby's brain in utero.
- 2. Respond to infant coos with delighted vocalizations. Slowly draw out your syllables in a high-pitched voice as you exclaim something like "Pretty baby!" This talk is called "parentese" and is music to your baby's senses.
- **3.** Play games that involve the hands (patty-cake, peekaboo, "this little piggy"). Babies respond well to learning simple sequential games.
- **4. Be attentive.** When your baby points, be sure to follow with your gaze and remark on items or events of interest to her. This joint attention confirms for your baby how important her interests and observations are to you.
- **5. Foster an early passion for books.** Choose books with large and colorful pictures, and share your baby's delight in pointing and making noises. Modulate the tone of your voice; simplify or elaborate on story lines; encourage toddlers to talk about books.
- 6. Use diaper time to build your baby's emotional feelings of his or her lovability.

  Stroke your baby's tummy and hair. Also when diapering your baby, you are at the ideal 12 to 18 inches from her eyes to attract attention to your speech.
- 7. Choose developmentally appropriate toys that allow babies to explore and interact.

  Toys such as a windup jack-in-the-box or stackable blocks help your baby learn cause-andeffect relationships and "if-then" reasoning.
- **8. Respond promptly when your baby cries.** Soothe, nurture, cuddle, and reassure him so that he builds positive brain circuitry. Your calm holding and cuddling and your day-to-day intimate engagement with your baby, signal emotional security to the infant's brain.
- **9. Build trust by being attentive and focused.** Babies who are securely attached to you emotionally will be able to invest more life energy in the pleasures of exploration, learning, and discovery.
- **10. Express joy and interest in your baby.** Let your body language, your shining eyes, your attentiveness to babbling and baby activities and your gentle caresses validate the deeply lovable nature of your little one.



## **Dealing with Winter Illnesses**

#### **Learning Objectives**

- 1. Learn about colds, RSV, cough/croup, ear infections, and fever in children.
- 2. How to care for your sick child.
- 3. When to call the doctor.
- 4. Ways to prevent cold weather illnesses.

#### **Discussion Questions**

- 1. What are some of the illnesses that are most common in the winter months?
- 2. When should you call the doctor?
- 3. When should you keep your child home?
- 4. How can we as parents help prevent these illnesses?

(The following information for teachers may also be used as a handout for parents to take home.)





#### **Dealing with Winter Illnesses**

#### THE COMMON COLD

A cold usually starts with a runny nose, then a stuffy nose and sore throat for 3–5 days. Most colds are followed by 2 weeks of coughing. Children often have a fever of 99–101 degrees. Nasal mucous is normally green and thick by the second week. Children under 5 often have a very wet cough and their back may vibrate while breathing.

**Treatment for kids under one year of age:** nasal suction, use of humidifier or vaporizer, elevation of the head, Infant Tylenol or Infant Motrin for fever or discomfort. Continue formula or breastfeeding, but consider smaller more frequent feedings and lots of tender loving care.

**Treatment for preschoolers:** All the above, but you are now able to give Robitussin for cough, Vicks Vaporub and Children's Tylenol or Children's Motrin. Keep meals light and push fluids.

Treatment for children over 5: All the above, and you may now include throat lozenges if needed.

#### **EAR INFECTION**

An ear infection is a bacterial infection of the middle ear. It usually is a complication of a cold. A physician must diagnose an ear infection.

**Treatment:** Physician may prescribe antibiotics. Give pain relief according to age, use a heating pad if it helps, and elevate head at night.

#### **RSV**

**Respiratory Syncytial Virus** can be very serious for infants, and especially for premature infants. The symptoms of RSV are a very runny nose (clear mucus) and a fast breathing rate. There may or may not be a fever. It often causes **wheezing.** 

## ANY CHILD WHO IS BREATHING FASTER THAN NORMAL OR WHEEZING MUST BE SEEN BY A DOCTOR IMMEDIATELY!

**Treatment:** Once your child has been seen by a physician, you may treat symptoms like the common cold according to age. Your doctor may prescribe anti-asthma medications and antibiotics to prevent bacterial infections.



#### COUGH/CROUP

Croup is an upper respiratory viral infection. It is most common in infants and children up to 3 years old. Croup is most common in winter months. Croup starts with a sudden onset of coughing. With croup, parents may hear a loud barking sound when the child coughs, also described as a high, raspy sound. Other symptoms are a fever, runny nose, decreased appetite, and a gasping sound during intake of breath.

**Treatment:** Use a humidifier or vaporizer, or take the child into a steamed bathroom, or outside (the cold may help to regulate breathing). Continue with common cold treatments as well, according to age.

IF YOUR CHILD CONTINUES TO HAVE A DIFFICULT TIME BREATHING OR HIS LIPS TURN BLUE,
TAKE HIM TO THE HOSPITAL EMERGENCY ROOM IMMEDIATELY.

#### **VOMITING**

Vomiting is usually caused by viral infections of the stomach or eating something that disagrees with your child. Often, the viral type is associated with diarrhea.

Treatment for infants: Nurse baby through illness on demand, but try to feed smaller amounts.

Treatment for older children: Try to eliminate all foods and water for about 3 hours from last vomiting episode. When introducing fluids back into diet, give a very small amount, for example crushed ice cubes or 1–2 tablespoons of fluid, every 10 minutes. Only feed child when they are asking to eat and only give them food once fluids stay down. When introducing solids back into the diet, offer bland foods such as saltine crackers, toast, rice, and mashed potatoes. Most oral medications will irritate the stomach. So if your child has a fever, call your doctor to see if he recommends acetaminophen suppositories.

#### **FEVER**

Fever is common with many illnesses, and it is a sign that the body's immune system is fighting against an infection somewhere in the body. Most fevers will last 2–3 days.

Your child has a fever if he has any of the following:

- Rectal temperature over 100.4 F
- Oral temperature over 99.5 F
- Axillary (under the arm) temperature over 99.0 F
- Ear temperature over 99.4 F

**Treatment:** Take child's temperature to confirm severity of fever. Give child plenty of fluids to cool the body and prevent dehydration. Give Children's Tylenol or Children's Motrin to lower fever. A sponge bath may help to reduce the fever, but do not let child get chilled.



#### **Important Information for Parents of Sick Kids**

#### When should you call the doctor?

- If your child seems unusually lethargic
- If your child complains of a headache
- If your child starts to have rapid breathing
- If your child has a fever over 101 degrees F
- If your child has a severe sore throat
- If your child has severe vomiting
- If there is blood in vomit or urine

- If diarrhea lasts more that 48 hours
- If you suspect dehydration (dry skin, sunken eyes, lethargy, few wet diapers, dry mouth or thirst, no tears)
- Any discharge from eyes or ears
- · Any form of a rash
- If child is extremely fussy
- If your child's cold lasts 10 days or more

#### When should you keep your child home from school or daycare?

If any of these signs are present it means your child is contagious:

If there is a fever, on the first few days of a cough, and if your child has a runny nose.

#### **Preventive Measures**

- Get or ask about flu shots for the members of your family.
- Wash your hands frequently with soap and water,
   and make sure your children know how to do it properly.
- Use hand sanitizer when soap and water are not available.
- Avoid people who are sick.



## Children's Nutrition

#### **Learning Objectives**

- 1. Many children today have unhealthy eating habits and are less active than children in past decades. This can result in childhood obesity, tooth decay and lifelong health problems for today's children.
- 2. Parents need to understand that children's nutritional needs are different from adults, and that they should be offered less sugary foods, less fried and processed foods, and more water and milk as beverages.
- 3. There are also ways to encourage children to eat more vegetables and fruits, such as being good examples at mealtimes and having nutritious foods available for meals and snacks at home.

#### **Discussion Questions**

- 1. Do your children eat a nutritious breakfast each morning?
- 2. What do you have available in your house for snacks when your kids are hungry between meals?
- 3. What questions do you have about your children's nutrition?





#### **Children's Nutrition**

#### Information for Teachers:

Many children are very picky eaters and do not like healthy foods. Sometimes kids would rather not eat than eat something that is good for them. Unfortunately, children are developing bad habits and 17% of all children today are obese. Obese children are more likely to become obese adults. Unhealthy eating habits, as well as not getting enough physical activity, cause childhood obesity.

It is first important to understand that children do not eat near as much as adults. The American Heart Association estimates that toddlers only need about 900–1,000 calories per day. So even if you feel like your child barely touches his or her dinner, it may simply be because you gave them too much food at one time. Children are very good at self-regulating and will stop eating when they are no longer hungry. This means that children will typically not eat as much at meal times, but will have small snacks throughout the day.

- 1. **LIMIT SUGAR.** Nutritionists agree that the #1 problem with the typical child's diet is that they eat too much sugar. Not only does too much sugar cause obesity, but it also can cause behavioral problems in children and hyperactivity. This is one of the reasons for the post-sugar meltdowns that children often experience. Obvious foods that are high in sugar are candy and cookies (which should be limited).
- 2. DON'T GIVE CHILDREN SUGARY DRINKS. Even supposedly healthy drinks like fruit juices have lots of sugar. For instance, an 8 oz. glass of Mountain Dew contains the same amount of sugar (31 grams) as an 8 oz. serving of 100% Apple Juice. Sugar is sugar no matter how you cut it. On a daily basis, avoid juice and pop. Serve water and milk.
- **3. READ FOOD LABELS.** Avoid foods high in sugar. Also look for foods high in fiber, like whole grains. Eating meals high in sugar without fiber can make anyone even hungrier than they were before they ate.
- 4. EAT A HEALTHY BREAKFAST. One of the toughest meals to avoid sugar is breakfast. There are so many sugary breakfast options such as waffles, pancakes, and doughnuts. Even breakfast cereals can be full of sugar. Look for cereals with lots of fiber and less than 11 grams of sugar. Some good cereal options are Cheerios, Life, Frosted Mini Wheats, and oatmeal even if you add a little bit of brown sugar and fruit. If you are going to do pancakes, use the whole grain kind and encourage more butter and less sugary syrup. Old-fashioned bacon and eggs is probably the best breakfast food option for children. Another healthier option is whole-wheat toast and peanut butter.



#### Children's Nutrition (continued)

- 5. ENCOURAGE CHILDREN TO EAT MORE VEGETABLES. Vegetables are so good for children, but many children won't eat them because they simply don't like them. One of the best ways to get children to eat vegetables is to give them lots of Ranch Dressing to dip them in. Another trick is to try to cut up vegetables as small as possible and put them in things you cook. They may, if you are lucky, not even notice the difference. Another tip is to add cheese sauce to cooked broccoli or cauliflower. Add butter and even bacon to green beans.
- 6. MAKE SURE CHILDREN HAVE PROTEIN WITH SNACKS AND MEALS. Protein is important to build healthy muscles and bones. It also keeps children fuller longer. Protein is not only found in meat, but also in nuts, peanut butter, eggs and yogurt. A good source for children is peanut butter. Try dipping apples, celery and carrots into peanut butter.
- **7. KEEP THE JUNK FOOD OUT OF THE HOUSE.** Don't buy cookies, chips, pop and fruit juices. If your children want a snack, they will then have to reach for a healthy option. It is always good to have vegetables cut up in the refrigerator and fresh fruit on hand.
- **8. AVOID DEEP FRIED FOODS.** Chicken nuggets may be very popular with children, but a hamburger and grilled chicken sandwich are better for them. Try cutting up potatoes in the shape of fries and bake them in the oven (with a little olive oil sprinkled on top) instead of deep-frying them.
- **9. GIVE YOUR KIDS A SAY IN WHAT THEY EAT.** Ask them if they want an apple or grapes for lunch. They will be making healthy choices on their own without even realizing it.
- 10. GROW VEGETABLES FROM SEEDS. Maybe even let them grow a small tomato or bean plant. It may not be something that you eat, but it will get them excited about food that grows just like their plant.
- 11. ADD HEALTHY FOODS TO FOODS YOUR CHILDREN EAT ALREADY. For instance, add blueberries to pancakes, add strawberries or bananas to cereal, and add small pieces of broccoli to macaroni and cheese. Add peppers, onions and/or mushrooms to spaghetti sauce. You can also try using whole-wheat noodles.
- **12. TRY HEALTHY SMOOTHIES.** You can mix milk, unsweetened frozen berries and plain Greek yogurt to have a great snack. You can even hide a little spinach in your smoothie, and the kids won't notice it if you go light.



#### **Children's Nutrition** (continued)

- 13. EATING OUT. Many fast food chains, such as McDonalds, Burger King, and Subway, are making it easier to pick healthy options for your kids. They offer milk instead of soda, and fruit and veggies instead of fries. If your kids will go for it, then that's great and one less thing you have to worry about. But having your kids eat celery when they are use to having fries, can be a challenge. If fast food is a once in a while thing, then go ahead and get the fries. But if it is an everyday meal, then you want to make the healthier option.
- **14. DRINK WATER.** Serve water with meals and don't offer juice or pop. If your children play sports, give them water for practice and not Gatorade or sugary sports drinks.
- **15. BE A GOOD EXAMPLE.** Your children look up to you. If you are eating healthy, then your children are going to be at least curious about the idea. Sit down and have your meals together. You do not have to be perfect, but don't complain about eating vegetables or other healthy foods. It is amazing how much children can pick up from their parents. If you don't like veggies, then they won't like them either.
- **16. MAKE SMALL CHANGES.** Slowly make as many small changes as you can, and sooner or later your children will be eating healthy snacks and meals, and will not even miss the junk food! Also, even though it may sound counterproductive, **reintroduce things to your kids.** Children's taste buds change quite a bit, and they may not like something one day and a month later it could be their favorite food.

#### NOTE TO INSTRUCTORS...

If asked, the latest data in nutrition shows that fat is not nearly the problem that sugar is and, in fact, can be beneficial in keeping children fuller and more satisfied. It is a great trade-off to give children cheese, Ranch Dressing and butter in exchange for vegetables.

Handout: Ways to Improve Your Children's Nutrition



#### **Ways to Improve Your Children's Nutrition**

- 1. **LIMIT SUGAR.** Nutritionists agree that the #1 problem with the typical child's diet is that they eat too much sugar. Not only does too much sugar cause obesity, but it can also cause behavioral problems in children and hyperactivity.
- 2. **DON'T GIVE CHILDREN SUGARY DRINKS.** On a daily basis, avoid juice and pop. Serve water and milk.
- **3. READ FOOD LABELS.** Avoid foods high in sugar. Also look for foods high in fiber, like whole grains.
- 4. EAT A HEALTHY BREAKFAST. Look for cereals with lots of fiber and less than 11 grams of sugar. Some good cereal options are Cheerios, Life, Frosted Mini Wheats, and oatmeal. Old-fashioned bacon and eggs is probably the best breakfast food option for children. Another healthier option is whole-wheat toast and peanut butter.
- 5. ENCOURAGE CHILDREN TO EAT MORE VEGETABLES. One of the best ways to get children to eat vegetables is to give them Ranch Dressing to dip them in. Another trick is to try to cut up vegetables as small as possible and put them in things you cook. Another tip is to add cheese sauce to cooked broccoli or cauliflower. Add butter and even bacon to green beans.
- **6. MAKE SURE CHILDREN HAVE PROTEIN WITH SNACKS AND MEALS.** Protein is not only found in meat, but also in nuts, peanut butter, eggs and yogurt. A good source for children is peanut butter. Try dipping apples, celery and carrots into peanut butter.
- **7. KEEP THE JUNK FOOD OUT OF THE HOUSE**. Don't buy cookies, chips, pop and fruit juices. Instead, have vegetables cut up in the refrigerator and fresh fruit on hand.
- **8. AVOID DEEP FRIED FOODS.** A hamburger and grilled chicken sandwich are better for kids than deep fried chicken or French fries. Instead, try cutting up potatoes in the shape of fries and baking them in the oven (with a little olive oil sprinkled on top).



#### **Ways to Improve Your Children's Nutrition** (continued)

- **9. GIVE YOUR KIDS A SAY IN WHAT THEY EAT.** Ask them if they want an apple or grapes for lunch. They will be making healthy choices on their own without even realizing it.
- **10. GROW VEGETABLES FROM SEEDS.** It will get them excited about food that grows just like their plant.
- 11. ADD HEALTHY FOODS TO FOODS YOUR CHILDREN EAT ALREADY.
  Add blueberries to pancakes, strawberries or bananas to cereal, and small pieces of broccoli to macaroni and cheese. Add peppers, onions and/or mushrooms to spaghetti sauce.
- **12. TRY HEALTHY SMOOTHIES.** Just mix milk, unsweetened frozen berries and plain Greek yogurt, and you have a delicious, healthy snack.
- **13. EATING OUT.** Many fast food chains, such as McDonalds, Burger King, and Subway now offer milk instead of soda, and fruit and veggies instead of fries. Look for healthier items on the menu.
- **14. DRINK WATER.** Serve water with meals and don't offer juice or pop. If your children play sports, give them water for practice and not Gatorade or sugary sports drinks.
- **15. BE A GOOD EXAMPLE.** If you are eating healthy, then your children are going to be at least curious about the idea. If you don't like veggies, then they won't like them either. Sit down and have your meals together—it is amazing how much children can pick up from their parents.
- **16. MAKE SMALL CHANGES.** Slowly make as many small changes as you can, and sooner or later your children will be eating healthy snacks and meals and will not even miss the junk food.



#### PARENTING CLASSES

## **Blended Families**

#### **Learning Objectives**

- 1. A blended family is the result of two people with children marrying and living together in the same household.
- 2. Blending a family successfully is often difficult and even painful for everyone involved, *especially the children*.
- 3. Remember that children don't stop loving their biological parents, and may sometimes feel guilty for causing the current situation.
- 4. Both partners in the step marriage need to 1) take their time, 2) make their own children's feelings a priority, and 3) create a plan to help them gradually move into their new roles as trusted, caring stepparents.

#### **Discussion Questions**

- Let class participants talk about their own experiences in blended families.
   (Remember that some of them may have lived in a home where the stepparents were not married, but may have experienced the same feelings.)
- 2. What did your parents do right in your blended family?
- 3. What do you wish they would have done differently?
- 4. What is your relationship with your stepmother/stepfather like today? Are you close to your stepbrothers and stepsisters?





#### **Blended Families**

#### **Background Information for Teachers:**

Approximately one-third of all weddings in America today form stepfamilies. When a parent remarries, it's not unusual for children to go through a period of readjustment. Sometimes this can be rather painful and difficult. You'll understand why if you look at the situation from a child's point of view. A new man has suddenly moved into the house and is taking up a lot of his mother's time and attention. Up to this point, he and his siblings have had mommy all to themselves, but now they have to share her with this new person. To make things worse, she has actually been showing affection to him—in front of the children. And to top it all off, this man is now telling them what to do and punishing them when they misbehave. The child is probably thinking to himself, "I wish this guy would just leave!"

- 1. Children feel a loss. Children, even those who are initially positive about their parent's new romance, frequently change their tune when real stepfamily life begins. Parents need to accept the fact that remarriage is a gain for them, but a loss for the kids. Deep down, many kids want their mom and dad to reunite; others are used to living with you alone and being the center of your life. Bringing in a new spouse feels like a real loss for them.
- 2. Be realistic in your expectations. Don't begin the journey unless you're willing to work hard. Nearly every stepfamily, shortly after remarriage, experiences tension between the losses and hurts of the past and the challenges that stand in their future. Children are often heard crying, "Mom, why did you marry this guy? We were so much better off when it was just us." Truly, the journey for most is not an easy one.
- **3. Don't rush into a new relationship.** Emotional and spiritual healing from divorce or the death of a spouse takes time; in fact, the average person requires three to five years. Don't enter a serious relationship on the rebound. After a loss, people find themselves lonely and inadequate caring for children alone. Remember, time is your best friend, so slow down the dating process.
- **4. Remember that the children have to be a priority.** Realize that a parent's relationship with his children will be an intimacy barrier to the new marriage. The new spouse may feel like he or she is in second place. If one of the partners has never had children, this can be even more of a problem as they enter the relationship ready for romance and quality time as a couple. Work on not being jealous of your spouse's children. Biological parents can't just switch their loyalties; it feels like they're betraying their children. The kids have suffered through a divorce or death, and they need to be valued. Despite this struggle, the couple must learn to nurture their relationship and not get lost in the stepfamily shuffle.



- **5. Understand that the "Blending" will take time.** Every family has its own history, routines and personality. Children cannot just be blended right away. It is best not to insist that stepchildren call their stepparents "Dad" or "Mom" right away. It is also best not to force the new family to spend all their time together. You might consider each spending alone time with your own children every week. Over time, you can combine leisure activities. A gradual blending is less threatening to the children's relationship with their parents, and makes space for the new family dynamic to develop.
- 6. Discuss and develop a plan for your parenting roles. For the first couple of years after remarriage, it's generally best for the biological parent to remain the main source of nurturing and discipline for their own children. Biological parents are the ones who should handle rules and punishments, at least initially. Let the stepparents role evolve from a "babysitter" (where they borrow power from the biological parent and only enforce the rules) to an "uncle or aunt" (where the children consider the stepparent extended family, but not a parent) to a "parental role model" with full authority. This gradual progression gives the stepparent and stepchildren time and space to develop a relationship more naturally.
- 7. Don't make your spouse the "Bad Cop." If you are lenient and lax about discipline and your new spouse is a firm disciplinarian, your child isn't going to like it. Your new spouse is going to have to work extra-hard to develop a bond with your child. It will mean spending lots of special one-on-one time together and praising your child when he/she behaves well not just punishing them. You may need to firm up your own discipline. Don't put your spouse in the position of having to play the "bad cop" all the time. Do what you can to take up some of the slack and give your spouse a chance to appear in a more positive light.
- 8. Don't allow disrespect. Be careful not to shut out your new spouse in favor of your children. Avoid inside jokes with the kids and subtle put-downs that would cause the kids to disregard their new stepparent. There is a fine line between handling the discipline and devaluing your spouse's position in the home. Require children to show the same respect for their stepparent that they would any teacher, law enforcement officer, or other adult in authority. But don't try to force love.
- 9. Develop a working relationship with your ex-spouse. Seek to forgive your ex-spouse and try to forge a cooperative relationship. Improving your co-parenting relationship will have positive benefits on your children. This will have the added advantage of improving their relationship with you and your new spouse.
- 10. Allow children to love both biological parents and don't force a relationship with the stepparent(s). Let children set the pace for their new step-relationships and don't worry if they aren't "warming up" as quickly as you'd like. If you understand that the relationship building could take years, not months, you will give it the time necessary to ensure success.

**Handout: Blended Families** 



#### **Blended Families**

You're in love and ready to get married. But are your children ready for you to get married? Approximately one-third of all weddings in America today form stepfamilies. When a parent remarries, it's not unusual for children to go through a period of readjustment. Sometimes this can be a painful and difficult process.

Here are some things you can do to increase blended family happiness.

- 1. Remember that the children will almost always feel a loss, and may even hope that their parents get back together.
- 2. Be realistic in your expectations.
- 3. Don't rush into a new relationship.
- 4. Remember that the children *must* be a priority.
- 5. Understand that the "blending" will take time. It is best not to force the new family to spend all of their time together. You might plan to have one-on-one time with your own biological children every week.
- 6. Discuss and develop a plan for your parenting roles. At least initially, biological parents should handle the discipline of their own children.
- 7. Don't make your spouse the "bad guy."
- 8. Don't allow disrespect.
- 9. Develop a working relationship with your ex-spouse.
- 10. Allow children to love <u>BOTH</u> biological parents and don't force a relationship with the stepparent(s).



#### PARENTING CLASSES

## **Anger Management for Parents**

#### **Learning Objectives**

- 1. Anger is an emotion experienced by everyone, but to varying degrees, based on our early and present experiences.
- 2. Anger toward others, especially our children and those close to us, can be detrimental and destructive, even dangerous to their well-being. It is important to get help with controlling this type of anger.
- 3. There are ways to deal with anger in our daily lives. Explain and encourage parents to practice the suggestions on the handout to help them learn to manage their anger more effectively.

#### **Discussion Questions**

- 1. Do you remember times when your parents were angry with you or your siblings? Did they ever become verbally or physically abusive when they were angry? What emotions did you feel?
- 2. Do you ever feel that your anger is out of control? In what situations does this happen?
- 3. What are some things we can do to control anger if we feel ourselves losing control with our children? Where can we go for help?





#### **Anger Management for Parents**

#### **Background Information for Teachers:**

**ANGER** is a basic human emotion that is experienced by all people. Typically triggered by an emotional hurt, anger is usually experienced as an unpleasant feeling that occurs when we think we have been injured, mistreated, opposed in our deeply held beliefs, or when we are faced with obstacles that keep us from attaining our personal goals.

People who are easily angered generally have a low tolerance for frustration, aggravations and the normal hassles of daily living. They may overreact to these frustrations. They feel they should not be subjected to frustration, inconvenience or annoyance. They can't take things in stride, and are particularly exasperated if the situation they are in seems unreasonable to them. For example, such a person might be annoyed by being corrected for a mistake, or feel offended if they are "disrespected" by others. This is very common in people who have lower than normal self-esteem.

Anger can be **genetic** or **physiological**. There is evidence that some children are born irritable, touchy, and easily angered, and that these signs are present from a very early age. Most parents of more than one child will tell you that there are babies who are crankier than others from the start. Teens who are angry also have a genetic predisposition to anger, or more commonly, they may be modeling their behavior after other family members.

Anger can also be **sociocultural.** Anger is often regarded as negative, because we are taught ways to express anxiety, depression or other emotions, but not anger. As a result, we often don't learn how to handle it or channel it constructively.

**Family background** often plays a role in anger. Typically, people who are easily angered come from families that are disruptive, chaotic, and not skilled at emotional communications.

Finally, people who get angry easily may have an **authoritative nature**. They want to be the authority on most matters and do not expect anyone to counter what they say. Often they feel they deserve to be attended to, and not doing so angers them deeply.

Stress also aggravates anger. Some people have frustrations or problems in their lives which make them react more strongly than others. The emotional pain and discomfort they are experiencing makes them more prone to anger and aggression. Anger is often a way for human beings to try to avoid emotional pain in their lives.

Anger management counseling can be a valuable resource for people of all ages. Learning to deal with feelings of anger, rather than running away from them, will enhance feelings of worth, and help improve relationships and lives in general.

Handout: 5 Ways Parents Can Handle Their Anger



#### **5 Ways Parents Can Handle Their Anger**

#### 1. HEAL YOUR ANGRY PAST

If your past is loaded with unresolved anger, take steps to heal yourself before you wind up harming your child. Identify problems in your past that could contribute to present anger. Were you abused or harshly punished as a child? Do you have difficulty controlling your temper? Do you sense a lack of inner peace?

Identify present situations that are making you angry, such as dissatisfaction with your job, spouse, self or child. Remember, you mirror your emotions. If your child sees a chronically angry face and hears an angry voice, that's the person he is more likely to become.

#### 2. KEEP YOUR PERSPECTIVE

Try this exercise. First, divide your children's "misbehaviors" into *small things* (nuisances and annoyances) which are not worth the wear and tear of getting angry about, and *biggies* (hurting self, others, and property) which demand a response, for your own sake and your child's.

Next, condition yourself so that you don't let the smallies bother you. Here are some "tapes" to play in your mind the next time you or your child spills something:

"I'm angry, but I can control myself."

"Accidents happen."

"I'm the adult here."

"I'm mad at the mess, not the child."

"I'll keep calm, and we'll all learn something."

Rehearse this exercise over and over by play acting. Here are some other helpful things to say to your child:

"Oops! I made a mess."

"I'll grab a towel."

"It's ok! I'll help you clean it up."

You may notice a big contrast between this and what you heard as a child. You may also notice it won't be as easy as it sounds. When a real-life *smallie* occurs, you're more conditioned to control yourself. You can take a deep breath, walk away, keep cool, plan your strategy and return to the scene.



#### **5 Ways Parents Can Handle Their Anger** (continued)

#### 3. MAKE ANGER YOUR ALLY

Emotions serve a purpose. Healthy anger compels you to fix the problem—first because you're not going to let your child's behavior go uncorrected, and second because you don't like how the child's misbehavior bothers you. This is helpful anger.

Anger becomes harmful when you don't regard it as a signal to fix the cause. You let it fester until you dislike your feelings, yourself, and the person who caused you to feel this way. That's harmful anger.

#### 4. QUIT BEATING YOURSELF UP

Often anger flares inwardly, as well as outwardly, over something that you don't like. But upon reflection and after a lot of energy is spent emoting, you actually realize that the situation as it stands now is actually better for everyone concerned. Learn from this that sometimes we get it right, and sometimes we don't. This "hindsight" keeps us humble and helps us diffuse future flare-ups. Our motto concerning irritating mistakes has become: "Nobody's perfect. Human nature strikes again."

#### 5. BEWARE OF HIGH-RISK SITUATIONS THAT TRIGGER ANGER

Are you in a life situation that makes you angry? If so, you are at risk for venting your anger on your child. Losing a job or experiencing a similar self-esteem-breaking event can make you justifiably angry. But realize that this makes it easier for otherwise tolerable childish behaviors to push you over the edge.

When you are in the middle of an anger-producing situation, it helps to prepare your family: "I want you all to understand that daddy may be upset from time to time during the next couple of months. I've just lost my job and I feel very anxious about it. I will find another job, and we'll all be okay. But if I have a short fuse and get angry with you sometimes, it's not because I don't love you."

If you do blow your top, apologize to your children. It also helps to be honest with yourself, recognize your vulnerability and keep your guard up until the anger-causing problem is resolved. There will always be problems in your life that you cannot control. You will come to realize that the only things in your life that you can control are your own actions. How you handle anger can work for you or against you—and those that you love the most.

# Pregnants

FREE PREGNANCY TESTS
FREE ULTRASOUNDS

YOU ARE NOT ALONE.

WE CAN HELP.

INFORMATION ON ALL OPTIONS

WALK-INS WELCOME



womenscarecenter.org

935 East Broad Street, Columbus, OH 43205 (614) 251-0200

3273 East Main Street, Columbus, OH 43213

(614) 235-3000





Eight week "after school" teen pregnancy series

The purpose of this new program is to provide support and education to pregnant teenage girls in Franklin County. The goal is to help these young women have healthier pregnancy outcomes and reduce infant mortality.

Topics include pregnancy and childbirth, infant health and safety, breast feeding/formula feeding, and preventative care

- "Healthy Snack" provided at each class
- Students will participate in our Crib Club Incentive Program.
  Here they earn coupons to purchase brand new baby items,
  such as a crib/mattress, "pack and play," baby clothes, blankets,
  diapers, etc.
- Attendees to the first class earn "double Crib Club coupons"
- Each young woman successfully completing the series will earn a new infant car seat!
- Mentors will provide assistance in signing up for WIC, scheduling prenatal appointments, pursuing educational goals and exploring drug/smoking cessation programs
- Optional four-hour "Childbirth Education" class also available

Presented by



CALL TO ENROLL
Women's Care Center
935 E. Broad Street
Columbus, Ohio 43205
(614) 251-0200





Sarah had just earned a master's degree when she found out she was pregnant. The first person in her family to attend college, she worried about disappointing her family and didn't see how she could support a baby on her own. Here she found confidence to choose life. Now so thankful, she says, "Deep inside, I knew I was capable of being a mother. I would have regretted the abortion."

The real of the limited



Founded in 2008, our Columbus centers now serve **one in 13** of the pregnant women in Franklin County.



#### THANKS TO DONORS LIKE YOU, we serve 32 women every day!

Helping women from throughout the region, this unique and unconditionally loving counseling model has saved hundreds of moms and babies from abortion.



"I didn't have family close by, you guys are my family. Your love and support encouraged me to keep this baby."

— Diana (a client)



2,5/1 women served

1,124 ultrasounds





97% chose life for their babies

**7,877** visits



32 women every day



Since inception, our Columbus centers have served **13,789 women** from our community.

Surrounding so many pregnant women with love and support was bound to pay off.

AND IT HAS.

In the short time since our founding, the number of women having abortions in Franklin County has declined 25%.

Our Main Street center (next door to the large Planned Parenthood abortion clinic) now serves the **second most women** of all 23 Women's Care Center sites. Broad Street is #3. It is generous support from donors like you that has made this rapid growth possible in just six years.

Your support saves
MOMS AND BABIES.



Brandi was divorced and raising a young son on her own when she found out she was pregnant. She had very little parental support growing up, telling our counselor, "I raised myself." She was trying

to do right by her young son and didn't see how she could have another. Brandi was thinking about abortion. However, when she saw her baby on an ultrasound, she had a change of heart. Brandi selflessly decided to bless another family by placing her baby for adoption.





"The counselors were my angels, they were holding me up when I was so scared and determined to abort."

— Diana and son Isaac shown



You help moms like mine CHOOSE LIFE!



When Diana first came to Women's Care Center, she thought a baby

would ruin her life. But here, Diana found confidence to choose life for baby Isaac.

She says of our counselors who nurtured her decision for life, "Like a seed, you have to be patient, love it, nourish it, and eventually it will grow. Now, I'm going to plant seeds."

And she has. Diana is helping others by working at a local women's shelter. She also started college and is madly in love with her young son.



"I can't even begin to put into words how much Women's Care Center has meant to me."

— Amy, mother of twins Isriel and Arizona shown

## YOU MAY WONDER WHAT HAPPENS <u>AFTER</u> WOMEN MAKE A CHOICE FOR LIFE?

Women's Care Center support continues — *sometimes for years* — to help women become nurturing and self-sufficient parents. When women work with our counselors long-term (both one-on-one and through group classes), they have overwhelmingly positive outcomes. We believe deeply that your support of this holistic model is the catalyst for success.

You help women
like our mom
BUILD SUCCESSFUL
FAMILIES.



Amy went to a Women's Care Center eleven years ago. At the time, she was single, being abused and pregnant with twins.

Working with counselors, Amy is transformed today.

She married a hard working, loving Christian man, who himself was adopted. He loves twins Isriel and Arizona as his own.

The twins are in the fourth grade and full of life and joy.

Baby Leo was one of our first babies born in 2015. His mom Rosa had just been laid off when she found out she was pregnant.

Thinking it would be impossible to support a child, Rosa planned to have an abortion. However in 18 individual counseling sessions,

Rosa found the confidence to choose life. She also sought job training, completed numerous job applications and is

now working full-time.



You might wonder how Women's Care Center is financed.

#### THE TRUTH IS WE RELY ON PARTNERS LIKE YOU.

You alone pay for the counseling, the ultrasounds and education.

YOU make it possible to save babies and nurture mothers.

#### Creating stronger families...a better way.

An approximate breakdown of how our funds are used is shown to the right.

As you can see, over half of our resources are used to support a mother's choice for life <u>after</u> her initial decision. Goals counseling, parenting classes, books for children to encourage reading and the Crib Club baby "store" \* empower families.

Not a handout, parents earn vital necessities by participating in education.





"Loving the mom gives her that power to know she has the capacity in her to love and take care of her baby."

— Co-Director Kim Kurth

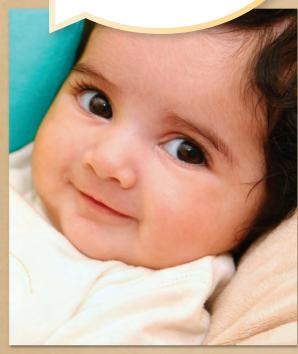
#### PLEASE CONSIDER HELPING TO SAVE MOMS AND BABIES

An endowment is being created so that what we have built together has a firm foundation and will continue even after our lifetimes. Please consider making an endowment gift or leaving a legacy gift in your estate plan.

For more information, contact Bobby Williams at (574) 968-7475 or email him at womenscarecenterfoundation@att.net

<sup>\*</sup> Christ Child Society generously donates staffing and stocking of the Crib Club baby "store."





As we go to press with this annual report, there are currently 1,028 babies expected to our clients in Columbus.

In a few years, these babies alone will fill over 34 kindergarten classes.



935 E. Broad Street Columbus, OH 43205

www.supportwomenscarecenter.org

Non-profit Organization U.S. Postage

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#### FOR MORE INFORMATION, PLEASE CONTACT:

Ann Jones, Outreach Director Kim Kurth, Director Molly Nester, Director Women's Care Center 935 E. Broad Street, Columbus, OH 43205 (614) 251-0200 Email: mamajones@live.com

#### **Bobby Williams**

Women's Care Center Foundation 360 N. Notre Dame Avenue South Bend, IN 46617 (574) 968-7475 Email: womenscarecenterfoundation@att.net

Special thanks to Jim and Jan Williams for generously underwriting this annual report.



COLUMBUS, OHIO

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Your support of Women's Care Center helps so many young women from our community choose life for their babies,

have healthy pregnancies, become better parents and take steps to self-sufficiency.

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WOMEN'S CARE CENTER, 935 East Broad Street, Columbus, OH 43205

**NOVEMBER 2015** 

#### Over 1,500 babies

will celebrate their first Christmas this year thanks to your support of our mission in Columbus.



Imagine you have three children and are working full-time so your husband can finish his doctorate when you find yourself unexpectedly pregnant. This was Lin's situation.

Lin worried that they couldn't afford another child and believed abortion was the "best choice."

The PROMISE of concrete and sustained support helped Lin choose life for baby Joy. A promise only possible because of YOU!

Our counselor provided referrals, resources, and discussed all the ways Women's Care Center could help. But, it was the promise of material support through the Crib Club that brought tears to Lin's eyes.

Lin left that day with diapers and clothing for her 17-month-old daughter...and a more positive outlook. When asked what made her change her mind about the abortion, she says it was "the support." The support that you make possible through your generous contributions to Women's Care Center!

Lin's baby Joy (shown) is a very "easy" baby who has brought happiness to the entire family.

## **LOVING CHOICE OF ADOPTION**

When Teresa's mom first called, she was hoping we could help her daughter get an abortion. Her mom agreed to an ultrasound hoping it would allow Teresa to make an "informed decision."

THANKS TO YOU, young women make courageous choices. Teresa blessed another family through ADOPTION.

**IT DID JUST THAT**. When Teresa saw her baby, she knew she would never abort. She wanted her baby to have the same life she did with two parents to love and support her.

Teresa chose adoption. Every Sunday, Teresa's baby's family calls and texts her pictures. Some days are still hard. On those days, she pulls out her daughter's photo album and thinks about how happy her baby is, knowing in her heart she made the right choice.



935 East Broad Street



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Most Rev. Frederick Campbell

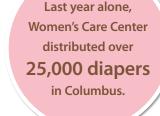
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Co-Director



Kim Kurth, Co-Director Outreach Director (614) 251-0200



## **CRIB CLUB: Why It Matters!**

More than just tangible assistance for the babies you help us bring into the world, CRIB CLUB REPRESENTS HOPE. A concrete expression of a promise that we make to be with young moms every step of the way — from confirmation of pregnancy until years after birth. This is why the visual of the Crib Club "baby store" can be so powerful and ultimately life-saving for struggling moms like Lin (above).

But Crib Club is also not a hand-out. The program empowers moms to work hard to "earn" baby items by participating in education and setting goals. In Columbus, Christ Child Society generously sponsors the Crib Club.



## **SHINING A BRIGHT LIGHT**

When it first happened, we were stunned. Now it happens often. Young women come to one of our 23 centers nationally sent directly from the abortion clinic.

Perhaps most touching was the woman, whose mom was the nurse at the abortion clinic. She told us, "My mother said you would take care of me."



Only because of YOU, what we do is so GOOD and so CONCRETE that it shines light

...even inside the abortion clinic! And most recently, a Planned Parenthood nurse sent a woman to us who wanted options counseling. In another case, an abortion doctor, being peppered with questions by the mother (a nurse) of a pregnant teenager, said,

"Well, I guess you better go to Women's Care Center then."

There are dramatic moments like the time clinic personnel walked a woman over to us. And more subtle moments like the abortion nurse who told women, who were unsure about abortion, to "Google free ultrasounds and go to the first place that comes up." Of course, that was "Women's Care Center!"

## **TOMORROW'S BABY**

When you think about it, with over 1,500 babies born annually to our clients in Columbus,

it is a rare day that we don't have at least one baby born!

As this story is written...TOMORROW IT WILL BE JESSICA'S BABY! She stopped by today to pick up her crib. Tomorrow, Jessica is being induced. She is now so excited to be a mom,



Jessica's parents were threatening to kick her out. Her boyfriend wanted an abortion. However, step by step, seeing an ultrasound, working with our counselor and learning to be a mom, Jessica chose life... And tomorrow is the BIG DAY!



## **SIGNS OF HEAVEN**

A rainbow around the sun appeared just outside our Main Street center on September 25, also known as a "Solar Halo" according to Catholic News Agency.

High above our center, this awesome sight, just beyond the tree beside our center, served as a gentle reminder that miracles do happen.

Though we can never know for certain whether a baby was being saved at that exact moment when the Women's Care Center's Solar Halo appeared, we do know that good is always happening here, and this Thanksgiving, WE GIVE THANKS TO YOU for making this possible.



Thanks to your support, Sandra got a chance to see clearly beyond the blur of fear and doubt.

## **AS WINTER NEARS**

It's tempting to see only the *negative* in the frosty mornings following months of summer. Sometimes it takes real effort to notice the sunshine.

Similarly, many young women who first enter Women's Care Center are so focused on the hardships of an unplanned pregnancy, that it's tough for them to see alternatives. This was Sandra, who says, "I saw it (the pregnancy) as messing with my future plans."

Originally from Africa, Sandra was attending school in Columbus. She worried how she would finish school and have a baby with no family in the U.S. But here, Sandra realized she was not alone. "Women's Care Center, to me, is like a family."

Sandra says, "It hasn't been easy, but as time went on, I forgot my negative feelings, knowing this is a baby!" Sandra's story of hope is similar to how we sometimes wish away those cold winter months until one little change of focus completely turns our hearts.

## THANKS TO YOU...

We received this adorable photo and nice email of gratitude from a client



I was wondering if you could get this message to your ultrasound tech. She helped me at Women's Care Center more than words can explain. I was young, scared, and just had found out I was pregnant. She helped me make the best decision of my life. I want to thank her and let her see a picture of my beautiful, happy, smart, and playful baby boy. So if you could please give her this message and photo, I would be so grateful.



## THE "TRICKLE-DOWN **EFFECT OF GOODNESS**

Certainly there are obvious ways our outreach helps women, but particularly heartwarming are the more subtle ways love spreads.

Last December, two counselors witnessed a couple literally giving the coats off their backs to two other clients in need on a frigid winter day.

More recently, a client ran out of our center to give another client a bus ticket. When asked if she needed it herself, the donor said she felt the woman leaving our center, visibly pregnant and moving very slowly, needed it more. The smile on the pregnant woman's face was priceless.

Unbeknownst to the giver, the pregnant woman initially didn't want to parent. Perhaps this kind gesture from a stranger allowed her to see how love and sacrifice circle around. That's some of the *real beauty* that comes from your donations.



Gang Comten Q Helping women choose life!

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Your support of our mission helps young women choose life for their babies,

have healthy pregnancies, become better parents and take steps to self-sufficiency.

As we go to press, there were 1,090 babies expected to our moms in Columbus. Soon these babies will be napping in their car seats at our center like little Tonye (shown right).



Norma's baby, Itzae

## **YOUR LEGACY**

This baby's name means "of God." And this couldn't be more true. You see, Itzae's mom, Norma, was headed to the abortion clinic, when she came to us "by mistake."

> For Norma, Women's Care Center was God's instrument. But Women's Care Center doesn't exist without you!

There is no greater return on your generosity than babies like this.

Norma didn't want to be pregnant. To make matters worse, when she told her boyfriend Jorge about the pregnancy, he panicked and broke up with her.

However, in the loving environment of our center, talking with our counselor, Norma found the confidence to choose life. Eventually, Jorge came around and is now a very supportive father. Both parents are so grateful for the "mistake" that sent them to us.



935 East Broad Street



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Molly Nester,

Co-Director

Kim Kurth, Co-Director



Ann Jones, Outreach Director (614) 251-0200

Non-profit Organization



WOMEN'S CARE CENTER, 935 East Broad Street, Columbus, OH 43205

## "WRONG DOOR" REALLY THE RIGHT DOOR



Danny and Chris walked in the "wrong door" — looking for the abortion clinic. **Thanks** to your generous support of our mission, our counselor was there to greet them.

Young and scared, Danny had called the abortion clinic to see if her baby had a heartbeat yet. She was told that at 5.5 weeks her baby "did not have a heartbeat," and that all she had to do was, "take a series of pills to end her pregnancy, and she would be able to move on with her life."

At our center, talking with our counselor, the young couple learned that there was more to it than that. And when our counselor took them to the ultrasound room, they were stunned to hear their baby's strong 6-week heartbeat. Danny and Chris chose life that day. Both parents are now so thankful they came in our "wrong door."

## PLANNED PARENTHOOD

"Instead of cursing the darkness, light a candle."

— Ben Franklin

Many have asked how we are responding to the undercover videos about Planned Parenthood.

Certainly, it is easy to be discouraged. But there is great hope.

#### Thanks to your support of Women's Care Center, love wins every day!

For more than 30 years now, our center has been quietly loving and serving one pregnant woman at a time (often right next door to Planned Parenthood). The end result is that many more women are choosing life than ever before. Abortions have plummeted in our communities. And our outreach is growing.

In Columbus, our clients have delivered thousands of babies, with another 1,090 on the way! Please know that many of them would not be here but for **YOU!** 



next to Planned Parenthood here in 2009, many similar Women's Care Centers have been opened including the newest in Milwaukee (shown) in 2015.

Since opening

Donors like you have helped build loving Women's Care Centers next to 15 abortion providers, many Planned Parenthoods. Three have since closed.

Learn how your support of this mission helped give baby Emma self-sufficient parents.

## **PROVIDING A HAND-UP!**

Dawn and her fiancé Andrew were living in the homeless shelter when we first met them. Neither one had a job. Dawn was very quiet and embarrassed by their situation. Newly pregnant, she was concerned about how they were going to successfully raise a child in these circumstances.

The couple became excited to learn about our classes and goals counseling and were thankful for this unique opportunity to earn baby items through the Crib Club. They finished many classes including a nutrition series, which earned them a brand new crock-pot and cookbook.

Most importantly, Dawn and Andrew set a goal to get out of the homeless shelter. Andrew got a job, and is soon to be promoted to assistant manager. The couple was able to welcome baby Emma by taking her home to a nice new apartment in a safe neighborhood.

Dawn says, "Women's Care Center will always hold a special place in my heart."



Luxury Bingo has raised over \$500,000 for our moms and babies over the last three years.

Held in the Ivory Room at Miranova in June, bingo winners this year walked out with a Hocking Hills Getaway, a hot air balloon excursion, OSU tickets, and a year's worth of luxury dining. We are grateful to the team of dedicated women that make this happen every year!

Kathleen Gibbons (shown) founded the event. She says,

"I love this event! And I love Women's Care Center.

When I first came up with the idea of Luxury Bingo,
people looked at me like I was crazy." The event
has been so wildly successful that Luxury Bingo
fundraisers are now being held at Women's Care
Centers around the country.



## A LITTLE EXTRA

Z'yair's mother, Tomika, has Tourette's Syndrome. Because of her condition, she needed extra help. Our counselor worked with Tomika throughout her pregnancy to prepare her for childbirth and caring for a baby. Tomika is one of our most grateful clients, stopping in frequently to just say "hi". Z'yair (shown) is a happy and beloved child.

# A GARDEN OF MOMS



They say, "Sisters are like different flowers from the same garden," and the same can also be said of our moms. Each is beautiful and unique. Helping them to reach their full potential is volunteer Mary Smith, PC, who is teaching a new Personal Development Series on Saturday mornings.

The moms are active participants, learning how they can make changes and choices in order to better manage life's stressors. Mary helps the more quiet participants "find their voice", but she is careful to ease them into stepping outside their comfort zone. As she tells the participants, "Being healthy in every area of your life — emotionally, spiritually, physically, and financially — is the greatest gift you can give your children."

On Saturday mornings, you can expect to see an array of moms eager to bloom. And thanks to Mary, they have the perfect opportunity to do so. "Women choose life because they are valued as a person and treated with love.

Loving the mom helps her know she has the capacity to love and take care of her baby."

~ Director Kim

## **LEARNING TO PARENT**



1st time mom Sara (shown with baby Josie) appreciates the childbirth and baby basics education she received at our center. She gives back by donating new and gently used baby items, including some of Josie's outgrown clothing.

## WHY THEY COME?

You may wonder how so many women find our centers.

Certainly our locations near abortion clinics play a big factor as well as the Internet. But what you might find surprising is that a whopping 31% of the women who come to us are referred by a friend. When a client has a good experience, she refers other women. Thanks to your support, our loving counselors are our greatest marketing tool!



The parents of twins Nellie and Elyza (shown) were referred by a friend. Their mom is now pursuing a college degree in cosmetology.

Christ Child Society provides volunteers and thousands of dollars of baby items in support of our Crib Club baby "store".

Please support their fundraiser Red Wagon Fare at the Villa Milano in Columbus,

Wednesday, October 21, 2015! Register at www.christchildsociety.org/redwagon/or contact Julie at (216) 389-4028.

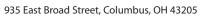


Our center has also been blessed with funding from our endowment stewarded by the Catholic Foundation. By God's grace, we honor the many donors whose charitable love for our faith and others is fulfilling the mission of our ministry through the Catholic Foundation. For more information, please visit catholic-foundation.org.



Gma Gamen Choose life!

Non-profit Organization U.S. Postage PAID South Bend, Indiana



supportwomenscarecenter.org

Your support of our mission helps young women choose life for their babies.

Women like "Ashley" (shown).

Just two months ago, Ashley came to us worried about being pregnant and thinking about abortion. You can see how excited she now is to be having a baby!



## AN UNCONVENTIONAL CLIENT

A 40-year-old graphic designer, Heather isn't typical of who walks through our doors. However, like many of us, when Heather became a first time mom she panicked. A friend recommended she come to Women's Care Center.

One of the unique aspects of this program is the care and support women receive after they make a choice for life. Heather learned baby basics and parenting skills, attending classes throughout her son's first couple years of life.



Recently, Heather told our counselor, "This place is beautiful. You are all so beautiful. I really want to pay it forward."

She has donated her son's outgrown winter coats and other lightly used baby items.



Your support also helps after women choose life!



935 East Broad Street

3273 F. Main Street Columbus, Ohio 43205 Columbus, Ohio 43213

## **BOARD OF DIRECTORS**

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Permit No. 45



WOMEN'S CARE CENTER, 935 East Broad Street, Columbus, OH 43205

## AN UNEXPECTED BLESSING

When a married woman has a positive pregnancy test, you would think she's happy, right? Not Andrea.

She had just learned that her husband had been unfaithful and this reality instantly shattered her dreams of the ideal motherhood.

Yet Women's Care Center's pink sign caught Andrea's attention as she drove down Broad Street, beckoning to her as it does to many women in difficult situations.

Your support helps women find hope and joy, even in difficult circumstances.

"The center let me know that I'm not alone,"

Andrea says, "that there are others around to help."

That support is vital when an unborn child arrives during unsettling circumstances like hers.

Andrea says going to the center "kept me from having a 'poor me' self-pity reaction."

She also learned to look outside of her own circumstances and share in others' joy. "Just seeing how much the other moms love their babies,

> just knowing that we all have that in common," she says, exclaiming, "IT'S LIFE!"

Thanks to your support, the baby that seemed a burden is now Andrea's greatest joy. She says, "He is my blessing from God."

Andrea taking photo of her baby



Newborns sleeping in their car seats is one of the most common sights at our centers these days. We are grateful to **YOU** 

for helping us bring so many babies like this into the world!

Don't we all wish we could sleep with as much abandon as these precious babies?





## **ULTRASOUND SAVES LIVES**

The mother of these sweet twins (shown) had every possible reason to not want to be pregnant when she came to our center. She was still going to school, having money problems, had just wrecked her car...and the list went on and on. She cried when she found out that her pregnancy test was positive.

However, one ultrasound picture turned this scared young woman and her boyfriend into parents.

Our nurse was shocked when she saw the ultrasound image on our big screen monitor. Not only was there one tiny baby with a strong heartbeat, but right next to it was another tiny baby with a strong heartbeat.

In that instant, our client's worries turned to joy and amazement!

Both she and her boyfriend said they had always secretly wanted twins and chose life for their baby girls.

Congratulations to Coach Urban Meyer and the Buckeyes for winning the National Championship. Urban and his wife Shelley are on our board of directors and strong supporters!

## **NEW ULTRASOUND MACHINE**

Thank you to the Knights of Columbus for purchasing a new life-saving ultrasound machine for our Broad Street location!

On Friday, January 23, Bishop Frederick Campbell joined with Knights of Columbus members, staff and volunteers (approximately 50 people in all) to bless the new machine.

Mike Durst, Deputy Grand Knight of Council #10765, St. Joan of Arc, noted that their group raised approximately \$7,500 toward the new machine. He said, "There is no price you can put on the good that comes out of this."

Gary Anderson, Knights of Columbus Ohio State
Culture of Life Director, echoed this thought and said
with a broad smile, "This is the finest thing we do!
Saving babies!"



From left to right: Director Molly Nester, Gary Anderson - K of C Ohio State Culture of Life Director, Bishop Frederick Campbell, Kevin Miller - K of C Ohio State Treasurer, Richard D'Auteuil - K of C District Deputy #44 and President of the Greater Columbus Chapter, Grand Knight John Page of St. Joan of Arc Council #10765 and Director Kim Kurth

## A JOURNAL OF HOPE

On a far end table in our waiting room sits a binder filled with handwritten anecdotes from local moms who've chosen life. Page after page — some short, some detailed — excerpts and advice quite personally illustrate what is accomplished here:

"To all new moms and existing moms: Never give up on God's gift. Every baby has a purpose."

"I came here in March 2013 not knowing what I was going to do, but Women's Care Center helped me come up with a plan."

"Around the time of (my baby's) conception my best friend passed away. I think life is precious and should be enjoyed."

"My daughter was 6 weeks early
...I love her more than anything."



The heartfelt

stories penned in this book are a tribute

to your loving support

of the Women's Care

Center mission.



Stephanie's boyfriend dropped her in front of our center with instructions to "take care of it." He thought he was dropping her at the abortion clinic.

Can you imagine the loneliness and isolation of this woman who was abandoned by her boyfriend? Fortunately, she met our counselor.

In counseling, Stephanie realized she had no idea what having an abortion really meant.

The clinic told her she would just take a small pill to get rid of her "problem." After counseling,

Stephanie knew there was no way she could have an abortion.

Stephanie and baby Princeton

Stephanie became a regular at our center learning to parent and become more self-sufficient. Stephanie now says, "I have a lot to be thankful for, with Women's Care Center being at the top of my list!"





Luxury Bingo is coming up! Some of you who have never attended may wonder how the event works. It starts with getting a lot of fun prizes donated (things like 12 months of dining out, concert tickets, a golf day and spa package). Guests attend a fun event with excellent food and cocktails. And we all just play good old-fashioned Bingo! A SHORT, SNAPPY, UPBEAT EVENT WHERE LOTS OF FOLKS WALK OUT WINNERS!

Kathleen Gibbons created the event. Our 2015 co-hosts are Maricel Frommeyer and Teresa Kenney. The price per person is \$200. There are different levels of sponsorships as well. **PLEASE MARK YOUR CALENDAR AND PLAN TO JOIN US THIS YEAR.** For more information, please call Ann at 614-404-0067.

